Mammograms and Pap Tests
Part of

EVERY WOMAN'S LIFE

DATA REPORTING MANUAL

(Version 07/03)

Every Woman's Life
Breast & Cervical Cancer
Early Detection Program
Division of Women and Infant Health
Office of Family Health Services
Virginia Department of Health

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TO: Breast and Cervical Cancer Early Detection Program (BCCEDP) Providers

FROM: BCCEDP, Virginia Department of Health

SUBJECT: Virginia BCCEDP Data Reporting Manual (Version 07/03)

DATE: 07/01/2003

CC: Information for the Screening Site Contracts

Enclosed is your copy of the 2003-2004 Data Reporting Manual. The Data Reporting Manual describes the procedures your facility agrees to follow.

The Data Reporting Manual also serves as the program's operations guide and it may be useful for other staff members in your facility who work with this program to have their own copy. You may obtain additional copies of the Data Reporting Manual by calling the BCCEDP office at (804) 786-9109.

Please take a few minutes to read through the Data Reporting Manual. If you have any questions about the manual or the program, please feel free to call the Data Manager at (804) 786-7564.

CONTACT INFORMATION

- **ADDRESS**: (use for FEDEX mailing address as well)

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Virginia Department of Health
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Richmond, Virginia 23218

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Virginia Department of Health
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- **TELEPHONE**:

Main Program Reception: (804) 786-9109.
For specific staff members, see **BCCEDP Office Directory** below.

- **FAX**:

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Breast_Cancer@vdh.state.va.us

- **WEBSITE:**

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- **BCCEDP OFFICE DIRECTORY**:

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DATA MANAGEMENT

Data compiled from the BCCEDP screening forms are used to track the Program's performance and compliance with NBCCEDP standards, including:

- The patient's eligibility for BCCEDP services.
- Screening and re-screening of program-eligible clients.
- Assuring that the clinical breast examination, the screening mammogram, the screening Pap test and other tests follow BCCEDP medical guidelines and protocols.
- Documenting the timeliness of a client's completion of diagnostic work-up (or the client's refusal of workup or being lost-to-follow-up).
- Documenting the timeliness of a client's initiation of treatment (or refusal of treatment or being lost-to-follow-up), in the event that she is diagnosed with breast or cervical cancer.
- Assuring that the client is referred to Medicaid in the event that she is diagnosed with breast or cervical cancer and is eligible for Medicaid services under the BCCPTA.
- Assuring that all client documentation (i.e., MDE data forms) is routed in a timely fashion to the State office as required.

MDE DATA REPORTING

The Centers for Disease Control and Prevention requires that each state program, including the Virginia BCCEDP, collect and report the minimum data elements (MDEs). These are required data fields that are relevant to client eligibility, quality assurance, and surveillance. The Provider Sites agrees to collect and report to the Program all client data including:

- patient demographics
- patient contact information
- eligibility information
- date and results of breast and/or cervical screening visits
- referral for diagnostic workup
- date and results of diagnostic tests
- diagnosis (incl. staging, tumor size)
- cancer treatment information
- Medicaid enrollment (for cancer treatment)
- CPT codes for screening and diagnostic tests

State BCCEDP programs are allowed to collect additional data for administrative or research purposes.

The data is reported on what is referred to as the BCCEDP Data Forms (discussed later in the manual; refer to our web site http://www/vahealth.org/breastcancer/databcc.htm). Since the forms have been modified from the previous versions (10/02 and 04/02), please use only the most current version **(07/03)**, **effective June 30, 2003**. Any data forms submitted for cycles that occur June 30th or afterwards must be documented on the **07/03 Version** of the data forms; data documented on earlier versions of the data forms will result in rejection for payment and the forms will be sent back to you for correction.

BCCEDP DATA FORMS

Below is a brief description of the data forms that are used by the BCCED Program:

The *Eligibility Form*, which is the first form to be completed on a potential BCCEDP client, documents that the client meets the Program requirements (e.g., age, residence and income/insurance status) for being eligible to obtain screening services. The Eligibility Form also contains information on how to contact the client (e.g., address, telephone number).

The *Screening Encounter Form* allows clinicians to document the dates and results of the clinical breast exam, screening mammogram, and Pap test, or list the reason for the procedures not being performed. The clinician also documents if diagnostic workup, including HPV testing, is planned.

The *Breast Cancer Diagnostic Encounter Form* and the *Cervical Cancer Diagnostic Encounter Form* are used for documenting diagnostic test dates of services and results that lead up to a final diagnosis. In addition, in cases of diagnosed cancer, the clinician must document cancer staging, tumor size and treatment start date. If the client declines diagnostic workup and/or treatment, it is reported on the Diagnostic Encounter Form under Workup Status or Treatment Status. Also, document if the patient is enrolled in Medicaid for payment of treatment services.

The *Additional Comments Form* is used for documenting other information that does not fit well on any of the other forms or for documenting in more detail any of the responses recorded elsewhere on the data forms. For example, alternative diagnoses or result categories that do not conform to the data forms can be elaborated upon on the Additional Comments Form. In cases where clients do not receive screening, diagnostic or treatment services as recommended, clinicians and/or case managers should document on the *Additional Comments Form* reasons, if known, for delay or non-completion of services. *This information is important to the CDC.* These would include clients who refuse services, clients who are lost to follow-up, or other extenuating circumstances. If the client refuses services, efforts should be made to have her sign the waiver at the bottom of the page.

CLIENT ELIGIBILITY FORM

METHOD FOR COMPLETING THE FORM

For every woman enrolled in the BCCEDP, there must be an **Eligibility Form** (**page 9**) completed. You may either:

- obtain the information over the phone or in a face-to-face interview as you screen her for eligibility and enroll her in the program, or
- have the client complete the form herself -- the form has been simplified for a low reading level.

It is strongly recommended that the Case Manager assist the client in completing the Eligibility Form. ***The Eligibility Form must be completed prior to the client's first screening service.*** *Otherwise, she is not considered enrolled in the BCCEDP.*

ASSESSING ELIGIBILITY

In order to be enrolled in the BCCED Program, a client must fulfill the eligibility guidelines as specified on **Page 10**. All patient information, including income and insurance information, is self-reported. No other income verification is required. It is at the discretion of the Administrative Provider Site if they wish to implement a more stringent process for verifying eligibility.

Patient Demographic Information

Provide the client's full name, including middle initial, date of birth, and social security number or alien identification number, if available. This aids our search for the client in the state database. Ensure that the information, especially birth dates and social security number, is accurate and misprinted. We request patient name and SSN on each of the forms in order to trace any form back to the client in case forms becomes separated.

If SSN or Alien ID is not available, we recommend that you leave this field blank. However, most legal residents will have either a SSN or Alien ID. A client is not required to provide her SSN or alien ID; however, we strongly encourage that you ask the client to provide it. *Not providing a valid ID may impede her ability to enroll in Medicaid should she be diagnosed with cancer and require treatment.* Please encourage all clients to provide their SSN and relay to them that this information will be kept confidential.

Race and Hispanic Ethnicity

Race and ethnicity are required data fields. Ethnic identification refers to whether or not the client is of Spanish, Hispanic, or Latina origin. Both are mutually exclusive questions: for instance, a client who reports being Hispanic or Latina can also be White or Black. Please encourage your clients to report on both race and ethnic origin.

The client is permitted to record more than one racial group. If you have questions about what comprises each racial group, please refer to the Race & Ethnicity Coding reference guide on the program web site under "Forms/Guides".

Annual Income

Report the annual household income as the total combined income of all persons, including the client, living in the same household, regardless of whether or not the client is a dependent. If the client is unemployed and has no income, indicate "0". Don't forget to check whether the reported income in Question 4 is monthly or yearly. The 2003 Federal Poverty Guidelines (in **Appendix A**), effective June 30, 2003, provide a breakdown of income by month and hourly rate.

Insurance Status

Report whether or not the patient has medical coverage through a private insurer, Medicaid, or Medicare. A woman may be eligible if she has private insurance but has already met her deductible or the insurance does not cover screening services.

Screening History

In order to identify women who are never or rarely screened for breast or cervical cancer, you must ask the client if or when she last had a mammogram or Pap test prior to being enrolled in the program. Ask the client if she can recall the month and year, or just year, of her last Pap or mammogram. If the client cannot recall an approximate date but indicates that it was more than five years ago, check the box "more than 5 years ago". "Don't know" is also an option for clients who don't recall when.

ADMINISTRATIVE ITEMS

The questions in the shaded box are for administrative (office) use only, to be completed by the case manager or other designated BCCEDP staff. Please inform your client that she does not complete the items in the shaded box.

Administrative Site

"Administrative Site" refers to the name of the organization that contracts with VDH to administer the program at the local level. This is different from the screening provider site which performs the actual screening tests. There are fewer Administrative Sites than there are screening sites. An Administrative Provider Site never changes name and can add multiple screening sites. The Data Manager will provide you an abbreviated (3- or 4-) character code that corresponds to your Site.

Enrollment Site

"Enrollment Site" is the site where you enrolled the client. Typically, it is a clinic, local health department or hospital. Refrain from referring to temporary outreach sites (e.g., church, salon, workplace) and instead refer to the site where the case manager, health educator, or outreach/enrollment coordinator works from permanently.

Enrollment Date

"Enrollment Date" refers to the date when the patient was enrolled as a new client. For clients who are returning as rescreens, indicate the date when her eligibility was re-assessed.

Case Manager

"Case Manager" refers to the person designated as the client's case manager. She or he should be affiliated with the Administrative Provider Site. This person should also take an active part in completing the data forms and ensuring by his or her signature that the information is valid.

Client Status

Indicate the client's status – active or inactive. If "Active", indicate if the she is a New Patient or a Rescreen patient. If "Inactive", list the reason why the patient is no longer active (e.g., has insurance, enrolled in Medicare, income too high, lost-to-follow-up) and the effective date ("Eff. Date") when it was determined that she was inactive.

Client ID

Each new client will automatically be assigned a unique five-digit identification number when we enter her information for the first time into the state database. Anytime that a client returns for rescreening, we will search the database for her name and retrieve her unique identifier. You may use "Client ID" for your own benefit. Otherwise, we will fill in the blank with the program's unique identifier as assigned by the database.

Mammograms and Pap Tests Part of EVERY WOMAN'S LIFE

Vers. 07/03

ELIGIBILITY FORM

Last Name_____ First Name_____ Middle Initial _____

Social Security No._____-_____-_____ Birth Date _____/_____/_____ Age _____

Address_____

City_____County_____State_____Zip_____

Home Phone ( ) _____ Work Phone ( )_____ Best Time to Call _____

1. Are you Spanish, Hispanic, or Latina? ☐ Yes ☐ No ☐ Don't know

2. Do you describe yourself as: (check all that apply)
☐ White ☐ Black/African American ☐ Asian (or Indian) ☐ Native Hawaiian or Pacific Islander
☐ American Indian/Alaskan Native ☐ Don't know

3. What language do you speak every day? _____

4. What is your household income before taxes? $_____ ☐ Monthly ☐ Yearly

5. How many people live on this income? (include yourself) _____

6. Do you have: Medicare? ☐ Yes ☐ No Medicaid? ☐ Yes ☐ No Private Insurance? ☐ Yes ☐ No

➔If you have insurance, did you pay all of your insurance deductible for this year? ☐ Yes ☐ No

7. Have you ever had a Pap test? ☐Yes ☐ No
   ➔If YES, when was your last Pap test? (month/year) _____
   or ☐ More than 5 years ago ☐ Don't know

8. Have you ever had a mammogram? ☐Yes ☐ No
   ➔If YES, when was your last mammogram? (month/year) _____
   or ☐ More than 5 years ago ☐ Don't know

Office Use Only

Administrative Site: _____ **Enrollment Date:** ____ / _____ / _____

Enrollment Site: _____ **Case Manager:** _____

Client Status: **Active** – check one: ☐ New Patient ☐ Rescreen **Client ID** _____

☐ **Inactive due to:** (list reason) _____ **Eff. Date** _____

ELIGIBILITY CRITERIA

To qualify for services provided by the Breast and Cervical Cancer Early Detection Program, also known as the BCCEDP, or Every Woman's Life Program, a woman must meet each of the eligibility criteria listed below:

Virginia Resident

- A woman must reside primarily in Virginia. It is not necessary that she is a legal resident of the U.S. However, in the event that the woman is diagnosed with cancer through the BCCEDP program and is not eligible for Medicaid, the Provider Site assumes the responsibility for referring the woman for treatment at a reduced cost.

Age

- Women age 50-64 years. You may enroll and screen women age 40-49 years, as outlined in your contract. Effective June 30, 2003, no more than **20%** of newly enrolled women can be 40-49 years.

Income

- A woman must have a household income(s), combined from all household inhabitants, equal to or below 200% of the Federal Poverty Guidelines. The Federal Poverty Guidelines are based on annual household income and household size. The Guidelines vary from year to year (see **Appendix A** for 2003-2004 Guidelines, or refer to our website). You will be sent the revised guidelines, to be used effective June 30, 2003. For reference, the Federal Government web address is:

  http://aspe.hhs.gov/poverty/poverty.htm

Insurance

- A woman is eligible for BCCEDP services if she is medically uninsured or underinsured: specifically, not a beneficiary of Medicare or a beneficiary of Medicare with Medicaid as a supplement. An exception is if she has Medicare – Part A, which covers only hospitalization.

- Because Medicaid covers the same screening services, a woman enrolled in Medicaid as primary health coverage for herself is not eligible for *BCCEDP*.

- A woman is eligible if she has no medical insurance, if she has insurance but screening services (e.g., mammogram, Pap test) are not covered, or she cannot pay her deductible.

- A woman who is a member of a health maintenance organization (HMO) is not eligible for the *BCCEDP*. This woman needs to be referred to other programs.

Screening History

- At least **20%** of new women enrolled during 2003-2004 must fall in this category: never screened for cervical cancer (i.e., never received a Pap test) prior to being enrolled, or been screened for cervical cancer (i.e., received a Pap test) more than 5 years prior to being enrolled. This is outlined in your contract for 2003-2004.

PATIENT INFORMED CONSENT/RELEASE OF MEDICAL INFORMATION

The Contractor is required to obtain informed consent from all women enrolled for Program reimbursable services in order to obtain and share medical records. The Contractor must follow the Health Insurance Portability and Accountability Act (HIPAA) guidelines for obtaining patient consent to release the patient's personal health information (PHI) to other entities, including the state BCCEDP office. In addition, the patient should be informed about the following aspects of the program, including:

1. A description of what breast and cervical screening services entail.
2. The eligibility guidelines for enrollment.
3. A description of the screening services reimbursable by BCCEDP. A reference to diagnostic services that are available and reimbursable by BCCEDP in the event that the client has an abnormal screening result.
4. Patient notification of results.
5. Patient notification for rescreening.
6. Availability of cancer treatment options under the Breast & Cervical Cancer Prevention and Treatment Act.
7. Patient rights including patient-provider confidentiality, privacy of patient personal health information, patient withdrawal of participation and consent, and release of information from provider referrals as well as release of information to other state agencies.

You may choose to inform the client about what screening, follow-up and case management services entail, and discuss how the client will be notified of results and how diagnostic or treatment services will be arranged, if necessary. The Case Manager should provide the patient as much information as is needed to make sure that the client understands the nature of her participation in the Program.

The BCCEDP is no longer requiring that you submit the patient's Consent Form to the central office. We are no longer requiring that you use the Form developed by the BCCEDP. You must use your own clinic or hospital forms, provided that they are HIPAA-compliant.

For more information on HIPAA and its guidelines, please refer to
http://www.hhs.gov/ocr/hipaa

SCREENING ENCOUNTER FORM

The *Screening Encounter Form* (**page 23**) is a record of the screening cycle, which encompasses a clinical breast exam (CBE), breast self-examination (BSE) instruction, a pap smear, a pelvic exam, and a mammogram for each screening cycle (refer to **Screening Cycle** on **page 13**). Date of service, type of procedure, results, and screening provider are recorded on this form. Breast and cervical cancer screening is the crux of the BCCEDP; therefore, *information that we obtain from the screening is the most important piece of information that we collect for the CDC.*

The Screening Encounter Form is comprised of three (3) sections: the Clinical Breast Exam (CBE), Mammogram and Cervical Screening sections, which are described on the pages to follow.

Once again, patient's name, SSN, Administrative Provider Site, and Client ID are repeated at the top of the form to ensure that they match up with other patient forms, if separated.

Cycle Start Date

The "Cycle Start Date" refers to the date of the first screening service for a battery of screening tests to be performed. If the client is eligible for a CBE, Pap test and mammogram in a given year, and she is scheduled to have her CBE and Pap test in the same office visit, followed by the mammogram, the cycle start date would be the date of the office visit. This is the scenario in most cases.

If the client has a short-term follow-up where either the Pap test or mammogram is repeated, a new cycle is started, and the cycle start date would be the date of the repeat exam.

Visit Type

The cycle or visit can fall within three categories:

- ❑ New Patient
- ❑ Short-term Follow-up, or FU
- ❑ Rescreen

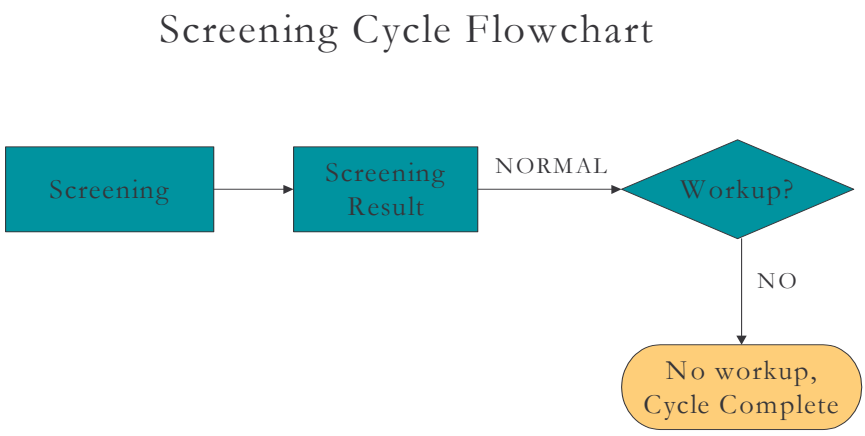
This will help us identify which visits qualify for authorized payment (only new screens and rescreens qualify for payment).

Form Completed By

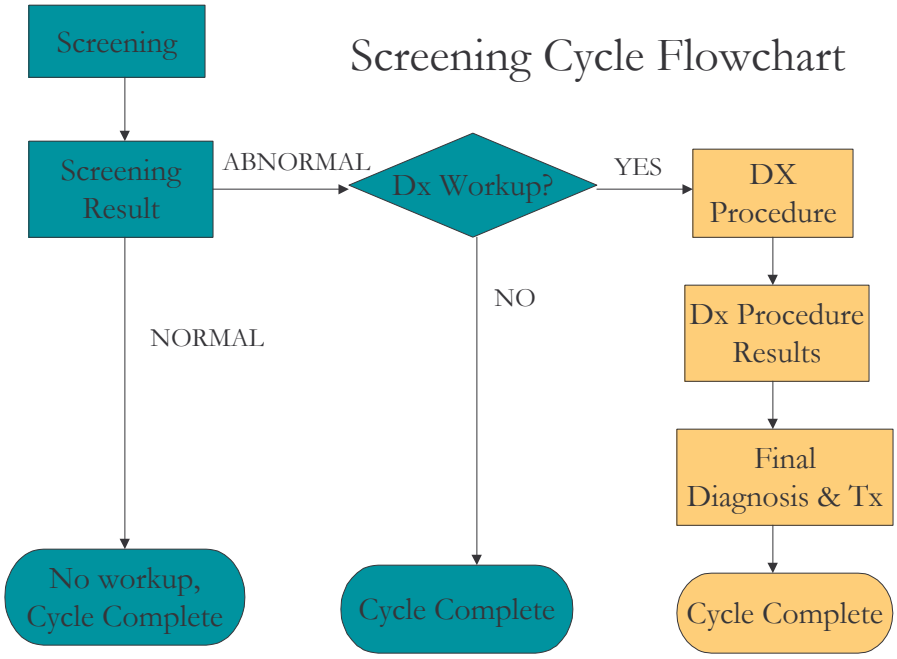
Case managers, or other designated staff who complete the form, must sign at the bottom of the form. This signature indicates that the person who signed is the one who completed the form and is liable for information reported on the form.

SCREENING CYCLE CONCEPT

A screening cycle is comprised of the client's screening and any diagnostic work-up needed to further investigate an abnormal screening finding. To the BCCEDP, a screening cycle usually begins with a Pap test, a clinical breast exam, and/or a screening Mammogram and ends, in most cases, with a normal screening result. There are exceptions—refer to the **FAQ section**.



- For a woman with an abnormal screening result, the cycle is not complete until the diagnostic work-up, final diagnosis, and treatment information is completed



CLINICAL BREAST EXAMINATION (CBE)

The CBE is part of the breast screening for which clients are eligible. Generally, a CBE is performed in the same office visit as the Pap smear and pelvic exam, which is the first point of contact with the client. The CBE is performed prior to the mammogram and its results inform the provider as to whether or not to recommend a diagnostic mammogram or other diagnostic work-up. In the absence of any client-reported symptoms, client risk factor history or abnormal (suspicious for cancer) findings on the CBE, a screening mammogram is instead performed.

Breast Symptoms

Indicate if the client reported any symptoms, including lumpiness, bleeding, scaling, discharge, retraction, etc. This is based on the patient's self-report.

CBE Results

The CDC proposed a model for the collection of the CBE data at the clinical level. In Spring of 1994, a CDC/NBCCEDP work group proposed nine categories. For the purpose of MDE reporting, these nine categories are reduced to four categories from which to choose:

- ❑ Normal or benign
- ❑ Abnormal, suspicious for cancer
- ❑ Not needed
- ❑ Needed but not performed at this visit (includes refused)

A finding of **"benign"** includes fibrocystic changes, diffuse lumpiness, or nodularity. In such cases, short-term follow-up (e.g., repeat CBE after 6 months) may be recommended. As in the case of normal findings, it is appropriate to schedule a client for a routine CBE in one year.

A finding that is **"abnormal, suspicious for cancer"** encompasses any of the following:

- discrete palpable mass (incl. masses that may be cystic, solid, or indiscrete palpable masses)
- bloody or serous nipple discharge
- nipple or areolar scaliness
- skin dimpling or retraction

Any of the above findings requires immediate **diagnostic evaluation**. A diagnostic mammogram alone does not constitute an acceptable diagnostic evaluation. The diagnostic mammogram must be followed by a breast ultrasound, biopsy, FNA, or a referral to a surgeon or breast specialist.

"Not needed, previous performed, normal CBE" refers to a client who does not require a CBE because she had a previous normal CBE within the past 12 months. If the date of her last CBE exceeds more than 12 months, it is strongly recommended that the client have another CBE performed. If a client had a CBE elsewhere that was not normal, it is recommended that a repeat CBE and appropriate diagnostic work-up be done.

In the case where a CBE was recommended by the provider but not performed, you should report **"Needed but not performed at this visit (includes refused)"** in the CBE field. This refers to a woman who refuses to have the CBE performed, who does not keep her screening appointment or who could not be scheduled to have a clinical breast exam. Additional attempts should be made to reschedule the client.

CBE Funding Source

Indicate "Yes" to Question 5, if the CBE was fully or partially paid for by BCCEDP funds.

TIPS:

1. If the client is being referred to BCCEDP for diagnostic workup on the basis of an abnormal CBE, which was performed elsewhere, record the date of the CBE, the result of the CBE, and that the CBE was not paid by BCCEDP.

MAMMOGRAM

All women, regardless of age, who are enrolled in the BCCED Program, are eligible for both cervical and breast screening, including a mammogram. The CBE and mammogram are used in conjunction for breast cancer screening.

Mammogram Type

Typically, a patient who is asymptomatic and has no breast history will have what is referred to as a screening mammogram. In other cases, when the woman is symptomatic or she has be at risk, according to her health or family history, the initial mammogram ordered is "diagnostic" rather than screening. The diagnostic mammogram has more views than the typical screening mammogram. Regardless of which type (screening vs. diagnostic) is performed, it should be recorded on the Screening Encounter Form on Question 6 if it is the first mammogram performed in the screening cycle. The CPT code is provided.

Mammogram Results

All mammogram results must be reported using the ACR Lexicon/Breast Imaging Reporting and Database System (BI-RADS) (see **Appendix B: ACR BI-RAD System**). The CDC will not accept the data in any other format. Beside each result category, recommended action is printed in **bold** on the Screening Encounter Form.

Other possible results that may be reported are:

- **Assessment Incomplete (BIRADS 0):** The radiologist is recommending additional imagery (magnification or additional views) be performed before arriving at a final interpretation. This differs from "incomplete assessment", which has no correspondence to the BI-RADS system. In the latter, the radiologist may want to review older films for comparison in order to better interpret a finding on the current mammogram. If this is the case, record the finding as "pending" until the radiologist has the opportunity to read the previous film and record a final interpretation or finding.

- **Unsatisfactory**: The mammogram is technically unsatisfactory and cannot be interpreted by the radiologist, in which case, the mammogram should be repeated. Unsatisfactory mammograms should be recorded on the Screening Encounter Form and submitted as is. The repeated mammogram should be reported and submitted on a new Screening Encounter Form.

- **Result pending**: The test has not yet been performed or the result is pending. Pending results should be resolved within two (2) months of being reported. By then, the test has either been performed, in which case, you should record the test result, or not performed, in which case, you should indicate it as "Needed but not performed (includes refused)".

- **Result unknown, presumed abnormal, from other funded source**: The client is being referred to the BCCEDP for breast diagnostic workup on the basis of an abnormal mammogram that was performed by a non-BCCEDP provider. The finding is presumed

abnormal, and therefore workup is recommended. If the actual result from the outside mammogram is known, it should be fully reported in the Mammogram section (complete the entire section); indicate "No" on Question 9 about the funding source. This result category should be reserved for screening test results that cannot be obtained.

- **Not needed or previously performed with services not paid by BCCEDP**: There is no indication that a mammogram is needed because: (1) the client recently—within the last 12 months—received a mammogram from a non-BCCEDP provider; (2) the client recently had a mammogram by the program and is returning for a short-term follow-up not related to breast (e.g., repeat Pap test); (3) the client had a mastectomy and does not require breast cancer screening.

- **Needed but not performed (includes refused):** A mammogram is recommended for this cycle, but was not performed due to the following reasons: (1) the patient refused to have one; (2) the patient is lost-to-follow-up; (3) the patient was unable to obtain a mammogram due to scheduling; (4) the client had another procedure (e.g., ultrasound) done instead of a mammogram. With the latter, indicate that the recommendation was for planned workup.

Mammogram Funding Source

You should report the mammogram as being paid for by the BCCEDP ("Yes") if it was fully or partially funded by BCCEDP funds.

Mammogram Provider

Record the name of the radiology group that performed the mammogram. Refrain from leaving the question blank or using acronyms or abbreviations.

Workup Recommendation

Specify if the radiologist recommended workup based on the mammogram and/or CBE finding. The clinician should be following the guidelines for recommended work-up for abnormal CBE and/or mammogram, as provided by the BCCEDP. If the recommendation is for short-term follow-up—i.e., to repeat the mammogram in six months—indicate "no" on the Workup Plan question.

TIPS:

1. If you obtain more than one result, or different results in each breast, record the worse of the two findings. For example, the left breast finding is benign (BI-RADS 2), and the right breast finding is Suspicious Abnormality (BI-RADS 4); report the mammogram finding on the Form as "Suspicious Abnormality".

2. If the Pap test and CBE for a given cycle has been performed, you are waiting for the mammogram appointment or result to occur, and you will be out of compliance with the timeliness guidelines (see **page 41**), please send in the Screening Encounter Form as is, marking "Result pending" under the Mammogram section. If an appointment date is known, record this date in Question 7. You should update this form at a later date once the mammogram has been done.

3. If the client is being seen for a repeat Pap or repeat CBE only, indicate on Question 8 that the mammogram was "not needed…". Do not leave the entire Mammogram section blank.

4. If the mammogram is unsatisfactory, you should submit the Screening Encounter Form with the unsatisfactory finding. The mammogram should be repeated and the information submitted on a new Screening Encounter Form. This will help in tracking the number of unsatisfactory results.

5. If the client is being referred to the BCCEDP for diagnostic evaluation for a breast problem on the basis of an abnormal CBE by an outside provider, obtain and record the results of the mammogram and indicate that the mammogram was not paid by BCCEDP.

6. The person who completed the form or authorized it should sign and date the Screening Encounter Form at the bottom.

CERVICAL SCREENING

Cervical cancer screening is comprised of a pelvic exam and a Pap test. Generally, a pelvic exam is performed at the same visit as when the Pap test is performed. For the purposes of recording the MDE data, only information on the Pap test is needed.

The Pap test results must be coded according to the new 2001 Bethesda System for reporting cervical cytologic diagnoses (refer to **Bethesda 2001 System** on **page 20**; also refer to http://www.bethesda2001.cancer.gov). Effective October 1, 2002, the CDC will no longer accept data that is reported according to the older version, the 1991 Bethesda System. For the purposes of MDE reporting, the following Bethesda System categories map onto certain MDE Pap test result categories. Refer to this guide when recording the results of the Pap test on the Screening Encounter Form.

Other possible results:

- **Unsatisfactory**: The Pap test is technically unsatisfactory and cannot be interpreted by the cytologist, in which case, the Pap test should be repeated.

- **Result pending**: The test has not yet been performed or the result is pending. Pending results should be resolved within two (2) months of being reported. By then, the test has either been performed, in which case, you should record the test result, or not performed, in which case, you should indicate it as "Needed but not performed (includes refused)".

- **Result unknown, presumed abnormal, from other funded source**: The client is being referred to the BCCEDP for cervical diagnostic workup on the basis of an abnormal Pap test that was performed by a non-BCCEDP provider. The finding is presumed abnormal, and therefore work-up is recommended. If the actual result from the outside Pap test is known, it should be fully reported in the Cervical Screening section (complete the entire section); indicate "No" on Question 18 about the funding source. This result category should be reserved for screening test results that cannot be obtained.

- **Not needed or previously performed with services not paid by BCCEDP**: There is no indication that a Pap test is needed because: (1) the client recently—within the last 12 months—received a Pap test from a non-BCCEDP provider; (2) the client recently had a Pap test by the program and is returning for a short-term follow-up not related to cervical (e.g., repeat mammogram); (3) the client had a hysterectomy and does not require cervical cancer screening.

- **Needed but not performed (includes refused):** A Pap test is recommended for this cycle, but was not performed due to the following reasons: (1) the patient refused to have one; (2) the patient is lost-to-follow-up; (3) the patient was unable to obtain a Pap test due to scheduling; (4) the client had another procedure (e.g., colposcopy) done in lieu of a Pap test. With the latter, indicate that the recommendation was for planned workup.

General 2001 Bethesda System Categorization

Bethesda System 1991	Bethesda System 2001	Change
Within Normal Limits	**Negative for Intraepithelial Lesions or Malignancy** • Organisms • Other non-neoplastic findings	WNL is now named Negative for Intraepithelial Lesions or Malignancy and includes the previous category of BCC as a descriptor only.
Benign Cellular Changes (BCC) • Infection • Repair		BCC was eliminated as a diagnostic category (see above).
	OTHER • Endometrial cells in a woman ≥ 40 (specify if negative for SIL)	This category is new.
Epithelial Cell Abnormality: ***Squamous Cells*** • ASCUS (atypical squamous cells of undetermined significance) – Favor reactive – Favor dysplasia • Not otherwise specified (NOS) • LSIL • HSIL • Squamous cell carcinoma	**Epithelial Cell Abnormality:** ***Squamous Cells*** • Atypical squamous cells – Of undetermined significance (ASC-US) – Cannot exclude HSIL (ASC-H) • LSIL • HSIL • Squamous cell carcinoma	The multiple subcategories of ASCUS have been reduced to the two noted (ASC-US, ASC-H), with no other modifying statements.
Epithelial Cell Abnormality: ***Glandular Cells*** • AGUS (atypical glandular cells of undetermined significance) – Favor reactive – Favor neoplasia – NOS • Adenocarcinoma	**Epithelial Cell Abnormality:** ***Glandular Cells*** • Aytpical (NOS) – Endocervical cells – Endometrial cells – Glandular cells • Atypical (favor neoplastic) – Endocervical cells – Glandular cells • Endocervical adenocarcinoma in situ (AIS) • Adenocarcinoma – Endocervical – Endometrial – Extrauterine – Not otherwise specified (NOS)	The subcategories of AGUS have been expanded to allow for a more descriptive diagnosis of glandular abnormalities.
	Other Malignant Neoplasms (specify)	This category is new.

Reprinted from "Introduction to Bethesda 2001, CYTYC Corporation, 2001.

Specimen Source

Specimen Source indicates if the specimen was taken from the cervix or from the vaginal area. For women who have an intact cervix, the specimen will generally come from the cervix. The BCCEDP does not reimburse Pap tests for women who had a hysterectomy not due to cervical cancer or dysplasia.

Specimen Type

Specimen Type indicates if the Pap test collection used a conventional or liquid-based technology (e.g., ThinPrep) to collect the specimen.

Specimen Adequacy

Specimen Adequacy is either "satisfactory" or "unsatisfactory" according to the 2001 Bethesda System.

Pap Funding Source

If the Pap test was fully or partially paid by BCCEDP, indicate 'Yes' under Question 18.

Pap Test Provider

Question 19 refers to the location where the Pap test was performed and the specimen collected—that is, the clinic, Medical office or gynecological facility where the client had her Pap test performed—and not where the specimen was analyzed. Refrain from using initials or abbreviations.

HPV Referral

If the patient has ASC-US, indicate if she had an HPV test performed by reporting the result (positive, negative, unknown) and the date when the HPV test was performed.

Workup Recommendation

Specify if the clinician recommended workup based on the Pap test finding. The clinician should be following the guidelines for recommended work-up for abnormal Pap test, as provided by the BCCEDP. If the recommendation is for short-term follow-up—i.e., to repeat the Pap test in six months or less—indicate "no" on the Workup Plan question.

TIPS:

1. If more than one result was obtained, record the worse of the two results.

2. If the Pap test is unsatisfactory, submit the Screening Encounter Form with the unsatisfactory finding. The Pap test should be repeated and the information submitted on a new Screening Encounter Form. This will help in tracking the number of unsatisfactory results.

3. If you are waiting for the Pap test appointment or result to occur, and you will be out of compliance with the timeliness guidelines (see **page 41**), please send in the Screening Encounter Form as is, marking "Result pending" under the Cervical Screening section. If an appointment date is known, record this date in Question 13. You should update this form at a later date once the Pap test has been done.

4. If the client is being seen for a repeat mammogram or repeat CBE only, indicate on Question 14 that the Pap test was “not needed…”. Do not leave the entire Cervical Screening section blank.

5. If the client is being referred to the BCCEDP for diagnostic evaluation for a cervical problem on the basis of an abnormal Pap test by an outside provider, obtain and record the results of the Pap test and indicate that the Pap test was not paid by BCCEDP.

Mammograms and Pap Tests Part of EVERY WOMAN'S LIFE

Vers. 07/03

Breast and Cervical Cancer Early Detection Program

Virginia Department of Health

SCREENING ENCOUNTER FORM

ADMIN Site	Cycle Start Date	❑ New Patient ❑ FU ❑ Rescreen	Client ID

Last Name	First Name	MI	SSN (or alien ID):

CLINICAL BREAST EXAM (CBE)

1. Does the patient have breast symptoms? ❑Yes ❑ No
2. Did the patient have a CBE? ❑Yes ❑ No
3. CBE Date _____ / _____ / _____ (mm/dd/yyyy)
4. What were the CBE results?
   - ❑ Normal or Benign
   - ❑ Abnormal, suspicious for cancer – **diagnostic evaluation needed**
   - ❑ Not needed, previously performed, normal CBE
   - ❑ Needed, not performed (includes refused CBE)
5. Was the CBE paid by BCCEDP? ❑1 Yes ❑ 2 No

MAMMOGRAM

6. Did the patient have a mammogram?
   ❑ Screening **(76092)** ❑ Diagnostic **(76091)** ❑ No
7. Date of mammogram. ____ / ____ / ____ (mm/dd/yyyy)
8. What were the mammogram results?
   - ❑ Negative
   - ❑ Benign finding
   - ❑ Probably benign
   - ❑ Suspicious abnormality
   - ❑ Highly suggestive of malignancy
   - ❑ Assessment incomplete
   - ❑ Unsatisfactory, film cannot be interpreted—**repeat Mammogram**
   - ❑ Result pending
   - ❑ Result unknown, presumed abnormal, from other funded source
   - ❑ Not needed or previously performed with services not paid by BCCEDP
   - ❑ Needed but not performed (includes refused)
9. Was the mammogram paid by BCCEDP? ❑Yes ❑ No
10. Where was the mammogram performed?

    Radiology Facility: _____
11. Was the patient referred for breast diagnostic workup?
    ❑Yes ❑ No

CERVICAL SCREENING

17. Did the patient have a Pap test (**88141**)? ❑Yes ❑ No
18. Date of Pap test _____ / _____ / _____ (mm/dd/yyyy)
19. If so, what were the Pap test results?
    - ❑ Negative (for intraepithelial lesion or malignancy)
    - ❑ ASC-US
    - ❑ ASC-H
    - ❑ LGSIL
    - ❑ HGSIL
    - ❑ Squamous cell carcinoma
    - ❑ Abnormal Glandular Cells
    - ❑ Other result: _____
    - ❑ Result pending
    - ❑ Result unknown, presumed abnormal, from non-program funded source
    - ❑ Not needed or done previously elsewhere with services not paid by BCCEDP
    - ❑ Needed but not performed (includes refused)
20. Cervix present? ❑ Yes (Cervical) ❑ No (Vaginal)
21. Specimen Type: ❑ Conventional ❑ Liquid-based ❑ Other
22. Specimen adequacy?
    ❑ Satisfactory ❑ Unsatisfactory: **repeat Pap**
23. Was the Pap test paid by BCCEDP? ❑Yes ❑ No
24. Where was the Pap test performed?

    Facility/Clinic: _____

20. HPV Test Result? ❑ Positive ❑ Negative ❑ Not Done

    HPV Test Date: ____/____ /_____ (mm/dd/yyyy)
21. Was the patient referred for cervical diagnostic workup?

    ❑Yes ❑ No

Form Completed By (Signature) _____ **Date** _____

BREAST CANCER DIAGNOSTIC ENCOUNTER FORM

The *Breast Cancer Diagnostic Encounter Form* (**page 28**) is for documenting diagnostic workup, the final diagnosis (if one is reached), and treatment information, if diagnosed with breast cancer. You must complete this Form if you have an abnormal CBE and/or mammogram finding, or breast diagnostic workup is recommended. **The Form—complete or incomplete--must be submitted within 60 days of the date of the abnormal screening exam** (see page 41 for Timeliness Guidelines)**.** *It is not necessary to submit blank Diagnostic Encounter Forms if no work-up is planned.*

The Diagnostic Encounter Form is comprised of three sections: Diagnostic Procedures, Diagnostic Evaluation Status, and Breast Cancer Treatment Status.

DIAGNOSTIC PROCEDURES

Diagnostic work-up for abnormal breast findings include the following major diagnostic procedures:

- additional mammographic views
- ultrasound
- surgical consult and/or RBE (repeat breast exam)[1]
- breast biopsy
- fine needle/cyst aspiration

The majority of cases that require work-up will have at least one of the above procedures performed.

Additional procedures may be performed in conjunction with the breast biopsy or fine needle aspiration (see Column 6 under "Add'l. Diagnostic Procedures"). We provided an extensive list of approved procedures. Check (✓) any that apply. If there is a procedure not in the list, write in under "Other" and provide the CPT code.

Indicate which diagnostic test was performed, the procedure date, result, and funding source for the test. If a test was cancelled or not performed because the patient refused or did not show for her appointment, indicate the test as "refused".

DIAGNOSTIC EVALUATION STATUS

Diagnosis Status

Once work-up is completed, indicate the status of workup, the final diagnosis, and date of final diagnosis in the **Diagnostic Evaluation Status** section. Question 7 allows for you to report clients that refuse workup ("Work-up refused") or are lost to follow-up ("Patient lost to follow-up"). You can indicate a date when you made the determination that the patient is refusing workup or lost to follow-up in the space provided. In **all** cases of recommended work-up, you should complete Question 7, whether or not you have a final diagnosis.

[1] The RBE must be completed by a breast specialist.

In case you are beyond the 60-day time limit for submitting diagnostic workup information, indicate "Work-up pending" and re-submit the Form once you have the information.

Final Diagnosis Date

The Date of Final Diagnosis refers to the date of service of the procedure that results in the final diagnosis of cancer (or not cancer). If more than one diagnostic procedure was performed, the date of final diagnosis should be reported as the date of the procedure that provided the definitive diagnosis. For example, if both a diagnostic mammogram and ultrasound were performed and indicate a diagnosis of 'Not cancer', the ultrasound is the procedure that ultimately provides the definitive diagnosis, more so than does the diagnostic mammogram. You should record the date of service of the ultrasound for the Date of Final Diagnosis.

Diagnosis

The diagnosis categories are: lobular carcinoma in situ (LCIS), ductal carcinoma in situ (DCIS) and invasive carcinoma. "Infiltrating carcinomas" is considered invasive cancer. Refer to **Appendix C: MDE Breast Cancer Final Diagnosis Categories** for coding of alternative diagnoses (e.g., Paget's Disease) and add a comment to the Additional Comments Form.

Staging and Tumor Size

For cases of invasive cancer, report the tumor stage and tumor size. It is not necessary to report the stage for in situ cancer. The stage and tumor size information can be obtained from your tumor registry or directly from the treating oncologist or surgeon.

For all cases of in situ or invasive cancer, you should complete the Breast Cancer Treatment Status (see below).

BREAST CANCER TREATMENT STATUS

Treatment Status

For all cases of cancer diagnosed, you should at a minimum complete Question 10 on the status of treatment.

Report the date when treatment was started. **NOTE:** Oftentimes it may be a lumpectomy performed in the course of an excisional biopsy. Report the date of treatment as the date when the biopsy/lumpectomy was performed.

If the patient's treatment is pending, indicate as "Treatment pending". If the patient is lost to follow-up, indicate as "Patient lost to follow-up". If the patient refused treatment, indicate as "Treatment refused". For both Patient Lost to Follow-up and Treatment Refused, report a date when the determination was made—space is provided.

Recommended Treatment

Check (✓) all treatments that are recommended in Question 11. It is possible that the patient will not start or complete all recommended treatments—just indicate the treatments that are part of the clinician's plan.

Medicaid Enrollment

Indicate if the patient was enrolled in Medicaid under the provisions of the BCCPTA. Please send a copy of the BCCPTA Medicaid Application Form to VDH (and keep a copy for your own records). We will enter the date of enrollment in the state database.

Form Completed By

The Case Manager, or designee, who completed the form must sign and date the Diagnostic Encounter Form. If there are any questions regarding information on the form, the Nurse Consultant will contact that person.

TIPS:

1. You should follow the algorithm recommended in the Medical Protocol Manual for appropriate diagnostic work-up for abnormal breast screening results.

2. If the first mammogram of a screening cycle is a diagnostic mammogram, it should be documented on the Screening Encounter Form. *It is not necessary to repeat the information on the Diagnostic Encounter Form.*

3. If the diagnostic mammogram is recommended as *immediate* work-up for an abnormal screening mammogram result, it should be documented on the Diagnostic Encounter Form.

4. Some diagnostic procedures are combined into one category (e.g., RBE/surgical consult) on the Diagnostic Encounter Form. Circle the procedure that was performed. For example, if a repeat breast exam was performed, but no surgical consultation was done, then circle "Repeat Breast Exam".

5. If more than one result is reported—for example, different findings occur within the same breast, or different findings occur in the left and right breasts—report the worse of the two findings. The same applies to the final breast diagnosis.

6. If additional breast biopsy or FNA procedures were performed, make sure that you complete either Column 4 (Fine Needle/Cyst Aspiration) or Column 5 (Breast Biopsy), including recording the result.

7. If Additional Mammographic Views/Diagnostic Mammogram were performed, indicate if the procedure was bilateral (76091) or unilateral (76090). They differ in cost rates.

8. If the result of the final, definitive diagnostic test (e.g., biopsy) is "indeterminate" and you indicate a final diagnosis of either cancer or no cancer, please have a ready explanation for how you reached this diagnosis. An indeterminate result will trigger a call from the Data Manager or Nurse Consultant unless an explanation is provided on the Additional Comments Form.

9. **Remember**: if the client is diagnosed with invasive (infiltrating) cancer, you must report the tumor stage and tumor size using the TNM staging system (see **Appendix D**). Do not submit the pathology report, unless requested, as a substitute for reporting this information on the data form. You are responsible for choosing the correct category on the data form based on information that you obtain. If more than one tumor is found, choose the tumor stage/size that is worse. Consult with the treating physician, if possible, to obtain this information. In some cases, the Cancer Registry or your local hospital tumor registrar may be helpful.

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BREAST DIAGNOSTIC ENCOUNTER FORM

Last Name	First Name	MI	SSN (or alien ID):	Cycle Start Date

DIAGNOSTIC PROCEDURES

1a. Additional Mammographic views ❑ Yes ❑ No ❑ Refused 1b. Diagnostic Mammogram ❑ Unilateral **76090** ❑ Bilateral **76091**	2. Ultrasound **76645** ❑ Yes ❑ No ❑ Refused	3. Repeat Breast Exam/Surgical Consult (**99244**) ❑ Yes ❑ No ❑ Refused	**4.** Fine Needle / Cyst Aspiration Result (**88170**) ❑ Yes* ❑ No ❑ Refused * Report add'l. procedure(s) done w/ breast FNA in #6	5. Breast Biopsy Interpretation/-Result (**88305**) ❑ Yes* ❑ No ❑ Refused * Report add'l. procedure(s) done w/ breast biopsy in #6	6. Add'l. Diagnostic Procedure(s): (check all that apply) ❑ Stereotactic guided breast biopsy, needle placement (**76095**) ❑ Mammography guided needle placement (**76096**) ❑ Ultrasonic guidance for cyst aspiration (**76938**) ❑ Ultrasonic guidance for needle biopsy (**76942**) ❑ Punctate cyst aspiration (**19000**) ❑ Cyst aspiration, additional (**19001**) ❑ FNA without imaging (**10021**) ❑ FNA with imaging (**10022**) ❑ Needle core biopsy, without guidance (**19100**) ❑ Incisional biopsy (**19101**) ❑ Excision of cyst (**19120**) ❑ Excision of lesion identified by pre-op placement of radiological marker (**19125**) ❑ Excision of lesion identified by pre-op placement of radiological marker, additional (**19126**) ❑ Pre-op placement of needle localization wire (**19290**) ❑ Other:_____
Date of Procedure ____ / ____ / _____	Date of Procedure ____ / ____ / _____	Date of Procedure ____ / ____ / _____	Date of Procedure ____ / ____ / _____	Date of Procedure ____ / ____ / _____	
Results: ❑ Negative ❑ Benign findings ❑ Probably benign ❑ Suspicious abnormality ❑ Highly suggestive of malignancy ❑ Assessment incomplete	Results: ❑ Negative/-Benign ❑ Cystic ❑ Solid ❑ Indeterminate	Results: ❑ Normal ❑ Abnormal ❑ Other benign findings	Results: ❑ Normal ❑ Abnormal ❑ Indeterminate	Results: ❑ Benign ❑ Malignant ❑ Indeterminate	
Funding Source: ❑ CDC ❑ Other	Funding Source: ❑ CDC ❑ Other	Funding Source: ❑ CDC ❑ Other	Funding Source: ❑ CDC ❑ Other	Funding Source: ❑ CDC ❑ Other	

DIAGNOSTIC EVALUATION STATUS

7. What is the status of the final diagnosis?
❑ Work-up complete **(complete Q. 8 & 9)**
❑ Work-up pending
❑ Patient lost to follow-up – Date: _____
❑ Work-up refused – Date: _____

8. Date of Final Diagnosis _____ / _____ / _____

9. Final Diagnosis:

❑ Ductal Carcinoma In Situ (DCIS)
❑ Lobular Carcinoma In Situ (LCIS)
❑ Cancer, invasive **(report stage and tumor size)** ⇨
❑ Breast cancer not diagnosed

Stage?

❑ TNM Stage I
❑ TNM Stage II
❑ TNM Stage III
❑ TNM Stage IV
❑ Summary Local
❑ Summary Regional
❑ Summary Distant
❑ Unknown Stage

Invasive tumor size?

❑ 0 to ≤ 1 cm
❑ >1 to ≤ 2 cm
❑ >2 to ≤ 5 cm
❑ > 5 cm
❑ Unknown

BREAST CANCER TREATMENT STATUS

10. What is the treatment status for breast cancer?
❑ Treatment started: _____ / _____ / _____
❑ Treatment pending
❑ Patient lost to follow-up – Date: _____
❑ Treatment refused – Date: _____
❑ Treatment not needed

11. What type of treatment was recommended? **(check all that apply)**
❑ Mastectomy
❑ Lumpectomy
❑ Chemotherapy
❑ Radiation
❑ Hormonal
❑ Other: _____

12. Was patient enrolled in Medicaid for treatment?
❑ Yes ❑ No

Form Completed By (Signature) _____ **Date** _____

CERVICAL CANCER DIAGNOSTIC ENCOUNTER FORM

The *Cervical Cancer Diagnostic Encounter Form* (**page 33**) is for documenting diagnostic workup, the final diagnosis (if one is reached), and treatment information, if diagnosed with cervical cancer or dysplasis. You must complete this Form if you have an abnormal Pap test finding, or cervical diagnostic workup is recommended. **The Form—complete or incomplete-must be submitted within 60 days of the abnormal screening result** (see **Page 41** for Timeliness Guidelines)**.** *It is not necessary to submit blank Diagnostic Encounter Forms if no work-up is planned.*

The Diagnostic Encounter Form is comprised of three sections: Diagnostic Procedures, Diagnostic Evaluation Status, and Cervical Cancer Treatment Status.

DIAGNOSTIC PROCEDURES

Diagnostic work-up for abnormal cervical findings include the following major diagnostic procedures:

- colposcopy
- colposcopy-directed biopsy

The majority of cases that require work-up will have at least one of the above procedures performed.

Indicate which diagnostic test was performed, the procedure date, result, and funding source for the test. If a test was cancelled or not performed because the patient refused or did not show for her appointment, indicate the test as "refused".

In some cases, endocervical curettage (ECC) may be done with the colposcopy (CPT 57456) or colposcopy-directed biopsy (57454), or alone (57505).

NOTE: A verifying Pap test is not considered a diagnostic test and should not be documented on the Diagnostic Encounter Form.

Other procedures may be performed—see Column 4. Write in under "Other" and provide the CPT code. Several of these procedures (e.g., endometrial biopsy, pelvic ultrasound) may not be reimbursable by the BCCEDP—check **Appendix E: Covered Screening and Diagnostic Services & CPT Codes**.

NOTE: Procedures like loop electrode excision procedure (LEEP) and conization (cone biopsy) can be considered either treatment or a diagnostic test. If it is done for the purpose of diagnosing the cervical dysplasia, report it as a diagnostic test. If it is done to remove the area of abnormal cells, report it as treatment under the Cervical Cancer Treatment Status section.

DIAGNOSTIC EVALUATION STATUS

Diagnosis Status

Once work-up is completed, indicate the status of workup, the final diagnosis, and date of final diagnosis in the **Diagnostic Evaluation Status** section. Question 5 allows for you to report clients that refuse workup ("Work-up refused") or are lost to follow-up ("Patient lost to follow-up"). You can indicate a date when you made the determination that the patient is refusing workup or lost to follow-up in the space provided. In **all** cases of recommended work-up, you should complete Question 5, whether or not you have a final diagnosis.

In case you are beyond the 60-day time limit for submitting diagnostic workup information, indicate "Work-up pending" and re-submit the Form once you have the information.

Final Diagnosis Date

The Date of Final Diagnosis refers to the date of service of the procedure that results in the final diagnosis of cancer (or not cancer). If more than one diagnostic procedure was performed, the date of final diagnosis should be reported as the date of the procedure that provided the definitive diagnosis.

Diagnosis

The diagnosis categories vary from normal or benign to invasive cervical cancer. In some cases, you may have only a diagnosis of LGSIL or HGSIL based on a test other than a biopsy. Refer to the Diagnostic Encounter Form. If you have an alternative diagnosis (e.g., adenocarcinoma), please indicate under "Other" on Question 7.

Staging and Tumor Size

For cases of invasive cancer, report the tumor stage. It is not necessary to report the stage for in situ cancer (stage 0). The stage information can be obtained from your tumor registry or directly from the treating oncologist or surgeon.

For all cases of in situ or invasive cancer, you should complete the Cervical Cancer Treatment Status (see below).

CERVICAL CANCER TREATMENT STATUS

Treatment Status

For all cases of cancer diagnosed, you should at a minimum complete Question 9 on the status of treatment.

Report the date when treatment was started. **NOTE:** If a LEEP or conization was performed as both a diagnostic test and treatment to remove the abnormal cells, indicate the date of the procedure as the treatment start date.

If the patient's treatment is pending, indicate as "Treatment pending". If the patient is lost to follow-up, indicate as "Patient lost to follow-up". If the patient refused treatment, indicate as

"Treatment refused". For both Patient Lost to Follow-up and Treatment Refused, report a date when the determination was made—space is provided.

Recommended Treatment

Check (✓) all treatments that are recommended in Question 10. It is possible that the patient will not start or complete all recommended treatments—just indicate the treatments that are part of the clinician's plan.

Medicaid Enrollment

Indicate if the patient was enrolled in Medicaid under the provisions of the BCCPTA. Please send a copy of the BCCPTA Medicaid Application Form to VDH (and keep a copy for your own records). We will enter the date of enrollment in the state database.

Form Completed By

The Case Manager, or designee, who completed the form must sign and date the Diagnostic Encounter Form. If there are any questions regarding information on the form, the Nurse Consultant will contact that person.

TIPS:

1. You should follow the algorithm recommended in the ASCCP Guidelines for appropriate diagnostic work-up for abnormal cervical screening results.

2. A short-term follow-up, or repeat, Pap test is not a diagnostic test and should not be documented on the Cervical Diagnostic Encounter Form. Instead, indicate "No workup planned" and report the repeat Pap test on a new Screening Encounter Form as part of a new screening cycle.

3. Endometrial biopsy may be reported under Other Diagnostic Procedure. Endometrial biopsy will typically be performed to evaluate atypical glandular cells (e.g., AGUS) for possible adenocarcinoma or endometrial cancer. Although the BCCEDP does not reimburse for endometrial biopsies, the program still requires that abnormal glandular cells on the Pap test be evaluated.

4. If more than one result or final diagnosis is reported—for example, different findings on the colposcopy or biopsy—report the worse of the two findings.

5. If the result of the final, definitive diagnostic test (e.g., colposcopy-directed biopsy) is "indeterminate" and you indicate a final diagnosis of either cancer or no cancer, document an explanation for how you reached this diagnosis on the Additional Comments Form.

6. **Remember**: if the client is diagnosed with invasive cancer, you must report the tumor stage using the TNM staging system (see **Appendix D**). Do not submit the pathology report, unless requested, as a substitute for reporting this information on the data form. You are responsible for choosing the correct category on the data form based on

information that you obtain. If more than one tumor is found, choose the tumor stage that is worse. Consult with the treating physician, if possible, to obtain this information. In some cases, the Cancer Registry or your local hospital tumor registrar may be helpful.

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Virginia Department of Health

CERVICAL DIAGNOSTIC ENCOUNTER FORM

Last Name	First Name	MI	SSN (or alien ID):	Cycle Start Date

DIAGNOSTIC PROCEDURES

1. Colposcopy, only **57452**	2. Colposcopy w/ Biopsy **57455**	3. Other – ECC **57505**	4. Other (e.g., LEEP, pelvic ultrasound, endometrial biopsy)
❑ Yes * ❑ No ❑ Refused * if done w/ ECC, report CPT code **57456**	❑ Yes* ❑ No ❑ Refused * if done w/ ECC, report CPT code **57454**	❑ Yes ❑ No ❑ Refused	_____ CPT Code _____
Date of Procedure ____ / ____ / _____	Date of Procedure ____ / ____ / _____	Date of Procedure ____ / ____ / _____	Date of Procedure ____ / ____ / _____
Results: ❑ Normal ❑ Abnormal ❑ Indeterminate	Results: ❑ Normal/Benign ❑ Malignant ❑ Indeterminate	Results: ❑ Normal/Benign ❑ Malignant ❑ Indeterminate	Results: ❑ Normal/Benign ❑ Malignant ❑ Indeterminate
Funding Source: ❑ CDC ❑ Other	Funding Source: ❑ CDC ❑ Other	Funding Source: ❑ CDC ❑ Other	Funding Source: ❑ CDC ❑ Other

DIAGNOSTIC EVALUATION STATUS

5. What is the status of the final diagnosis?
❑ Work-up complete **(complete Q. 6 & 7)**
❑ Work-up pending
❑ Patient lost to follow-up – Date: _____
❑ Work-up refused – Date: _____

6. Date of final diagnosis. _____ / _____ / _____

7. Final diagnosis.
❑ Normal/Benign Reaction/Inflammation/Infection
❑ HPV/Condylomata/Atypia/ASCUS
❑ CIN I/Mild Dysplasia (biopsy diagnosis)
❑ CIN II/Moderate Dysplasia (biopsy diagnosis)
❑ CIN III/Severe Dysplasia/Carcinoma in situ (Stage 0) (biopsy diagnosis)
❑ Invasive Cervical Carcinoma *(indicate staging information below)*
❑ Other: _____
❑ Low grade SIL
❑ High grade SIL

8. Cancer Stage:
❑ 1: Stage I ❑ 2:Stage II ❑ 3:Stage III
❑ 4: Stage IV ❑ 5:Summary Local ❑ 6:Summary Regional
❑ 7:Summary Distant ❑ 8:Stage unknown

CERVICAL CANCER TREATMENT STATUS

9. What is the treatment status?
❑ Treatment started: _____ / _____ / _____
❑ Treatment pending
❑ Patient lost to follow-up – Date: _____
❑ Treatment refused – Date: _____
❑ Treatment not needed

10. What type of treatment was recommended? *(check all that apply)*
❑ Cryosurgery
❑ Radiation
❑ Chemotherapy
❑ Hysterectomy
❑ LEEP
❑ ECC
❑ Other _____

11. Was patient enrolled in Medicaid for treatment?
❑ Yes ❑ No

Form Completed By (Signature) _____ Date _____

RESCREENING

RE-ASSESSING ELIGIBILITY

Each year, the eligibility of the client must be reassessed. You should determine if the following information currently meets eligibility criteria:

- ☑ annual household income and household size (note that Federal Poverty Guidelines change annually)
- ☑ age
- ☑ residence
- ☑ insurance

You should also verify that address and telephone numbers are valid. Note any changes in name due to changes in marital status.

You must complete a new Eligibility Form yearly when the client returns for rescreening. Indicate the client as a "Rescreen" under Client Status. Report Enrollment Date as the date when youre-interviewed the client. Ignore questions 7 and 8 (leave blank), as these questions pertain to new enrollees. Obtain informed consent from the patient and permission to release medical information.

NOTE: We will continue to provide services to clients, who are 40-49 years and who were enrolled and/or received screening services prior to July 1, 1999, as long as they continue to meet income and insurance guidelines. They are eligible to receive both cervical and breast screening (incl. mammogram) services.

RESCREENING CYCLE

An annual rescreen cycle is comprised of the same screening tests that were performed at a new screening cycle, that is, the CBE, Pap test, and mammogram. Document the screening information on the Screening Encounter Form, as you would if it were a new screen. Indicate "Rescreen" at the top of the Form.

If the client requires diagnostic workup, complete a new Diagnostic Encounter Form. Additional information can be documented on a new Additional Comments Form.

SHORT TERM FOLLOW-UP CYCLES

This standardization of reporting a screening cycle does not always fit the realities of clinical practice. Often a clinician will recommend a repeat Pap test or mammogram in 3 months or 6 months based on a questionable result in the earlier screening. To the clinician, the repeat procedure is considered part of follow-up. For the purposes of reporting data to the CDC, the repeat Pap test or mammogram would begin a new screening cycle (refer to **page 13** on the definition of a **Screening Cycle**). Refer to the following section **Short Term Follow-up/Planned Delay** and the sample scenario below to illustrate this point.

In terms of completing the data forms, you are required to submit the Screening Encounter Form (Diagnostic Encounter Form, if applicable)—indicate 'Follow-up' for visit type at the top of the form. It is not necessary to complete a new Eligibility Form or Consent Form. These additional forms will be completed anew when the annual re-screening visit approaches.

SHORT TERM FOLLOW-UP/PLANNED DELAY

Where there is a planned delay before doing a related test or procedure, the test begins a new screening cycle (see Illustration on **page 37**). The delay is planned **by the physician**. The following scenario helps illustrate this point.

Scenario One: Short Term Follow-up/Planned Delay
Carol had an initial screening mammogram in December with a result of Probably Benign (CBE was negative). The clinician told her to come back in March for a diagnostic mammogram on her left breast, which showed a negative result.

How to Report

- ☑ The initial mammogram in December should be recorded on the Screening Encounter Form. The result is Probably Benign.
- ☑ It should be noted that Diagnostic Work-Up is not Planned.
- ☑ The diagnostic mammogram in March of the following year should be recorded on a new Screening Encounter Form, with the Pap Test and CBE indicated as not performed. The type of mammogram performed is recorded as "Diagnostic".
- ☑ Once again, you should indicate that Diagnostic Work-up is not Planned as the last question on the Screening Encounter Form under the Mammogram section.

Explanation

For Carol, the results of the initial screening mammogram in December were Probably Benign. The clinician recommended instead Short Term Follow-Up, indicating a shortened screening cycle. This means that the doctor did not want any diagnostic tests done immediately, but wanted Carol to return at a later date for a another screening test. Whenever there is a planned delay before doing a test, the repeat test begins a new screening cycle, regardless of whether the cycle begins 3-, 6-, or 12-months from the date of the initial screening. Regardless of whether the repeat mammogram is called

screening or diagnostic, if it is the first mammogram of a new screening cycle, it should be documented on the Screening Encounter Form.

DIAGNOSTIC WORK-UP/UNPLANNED DELAY

When the delay is unplanned or not recommended by the physician—that is, the client is the cause of the delay--the new test may remain as part of the same cycle as the initial screening and be considered diagnostic work-up (See Illustration on **page 37**). The following scenario illustrates this point.

Scenario Two: Diagnostic Work-up/Unplanned Delay
Jan has a screening mammogram in December. When the doctor read the film, she said that she wanted to do a diagnostic mammogram with additional views before deciding whether Jan needed further tests. Jan has left for Florida for the rest of the winter, so she had the diagnostic mammogram when she returned in March.

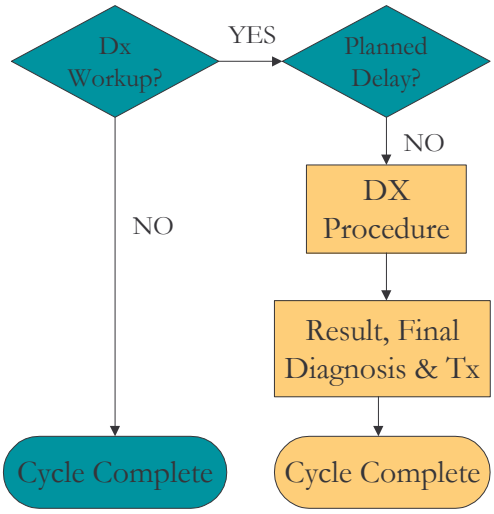
How to Report

- ☑ The initial mammogram in December should be recorded on the Screening Encounter Form. The result is Assessment Incomplete.
- ☑ Diagnostic Work-up Planned is noted (as 'Yes') on the Screening Encounter Form.
- ☑ The additional mammographic views/diagnostic mammogram in March is recorded on the Breast Cancer Diagnostic Encounter Form.
- ☑ If there is a need for further diagnostic workup, the cycle is not complete until all diagnostic tests are performed and recorded and a final diagnosis is determined.

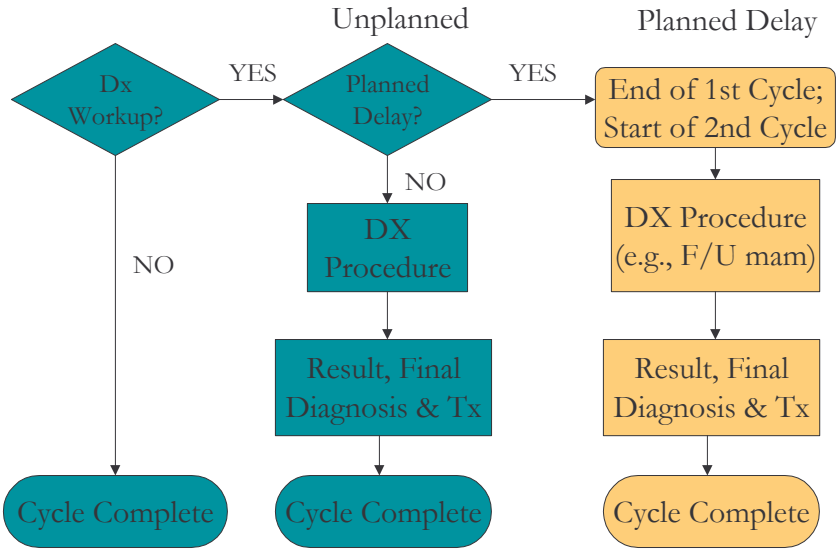
Explanation

On the surface, this looks like the previous scenario, but there are two important differences. The doctor in the first scenario wanted Carol to wait a few months before having the second mammogram. In this scenario, the doctor wants Jan to have the diagnostic mammogram right away, but Jan is out of town. The second difference is that in the first scenario, the initial screening mammogram result was Probably Benign. In this scenario, the result was Assessment Incomplete, which implies that the radiologist needed further imaging tests before making a conclusion about the screening mammogram. The screening cycle is still open until all diagnostic work-up is completed. It is not the amount of time that passes between the test that is relevant, but rather the initial screening finding and the reason for why the amount of time passed: was it on purpose or could it have been done sooner if possible?

Diagnostic Workup/Unplanned Delay



Short-Term Follow-up/Planned Delay



ADDITIONAL COMMENTS FORM

The purpose of the *Additional Comments Form* (**page 39)** is to document in more detail information that cannot be recorded elsewhere on the data forms. You may document detailed information on the following:

- Patient refusal of screening, diagnostic workup or treatment
- Patient who is lost to follow-up
- Delay of workup or treatment (by either the client or the clinician) or problems encountered in getting workup or treatment performed in a timely manner
- Other diagnoses or screening results
- Alternative diagnostic tests performed
- Patient being inactive or moving to another Site or locale

The case manager should briefly summarize the problem(s) that occurred and the resolution of this problem, if one occurred. This form is <u>not</u> meant to be a substitute for the clinical progress notes that you maintain on every client in their medical records. The BCCEDP does not require that you submit the Progress Note, unless it is specially requested by the QA Nurse Consultant or Data Manager. The QA Nurse Consultant may also review these notes in her audit.

For cases of client refusal of workup or treatment, we have set aside a place on the Form for the patient to sign a waiver statement, certifying that the patient has been advised about the need for medical follow-up and chooses to refuse follow-up. We encourage the Case Manager to attempt to obtain a signed waiver but do not expect one in every case that occurs.

Vers. 07/03

Breast and Cervical Cancer Early Detection Program
Virginia Department of Health

ADDITIONAL COMMENT FORM (Optional)

Last Name	First Name	MI	SSN (or Alien ID)	Cycle Start Date

Additional Comments--Please date and sign note(s):

Waiver Statement:
I certify that I have been advised as to the need for follow-up medical evaluation or treatment and the consequences of not getting this evaluation or treatment. I have decided to exercise my right to refuse any type of follow-up medical evaluation or treatment.

_____ Date: ____/____/_____
Signature

_____ Date: ____/____/_____
Witness Signature

DATA FORMS TO BE SUBMITTED

For a New Screen or Rescreen Cycle: You are required to send the following data forms—a "complete data packet"—per patient for a new patient cycle or rescreen patient cycle:

- ☑ Eligibility Form
- ☑ Screening Encounter Form

You are not required to complete and submit the following forms unless diagnostic workup is planned:

- ☑ Breast Cancer Diagnostic Encounter Form (for breast diagnostic workup)
- ☑ Cervical Cancer Diagnostic Encounter Form (for cervical diagnostic workup)

The Additional Comments Form is optional. You may complete the form if you have additional information that does not fit on any of the other forms.

For a Short-Term Follow-Up Cycle: complete only the Screening Encounter Form (and the Diagnostic Encounter Form, if workup is planned). The Eligibility Form is valid for twelve months and does not need to be completed again before the next rescreening cycle.

TIMELINESS OF DATA REPORTING

Timeliness of reporting results, especially abnormal screening results, is extremely important. Below are timeliness guidelines for reporting MDE data:

SCREENING

1. Regardless of whether the screening test results are **normal** or **abnormal**, you must submit the necessary data forms **within 60 calendar days** of the first screening date of service within a screening cycle. The data forms should be as complete as possible.

2. You should submit the data along with an invoice, if it is a new screen or rescreen that has not yet been invoiced. If it is a short-term follow-up visit, for which you cannot submit for billing, you must still submit the data forms within 60 days of the first screening date of service.

3. An invoice cannot be submitted until all screening services have been completed (see exception below under #4 and #5). Do not hold clinical documentation in your system to send together with an invoice if it will exceed the 60-day deadline.

4. If the time between one screening test (e.g., Pap test) and another screening test (e.g., mammogram) exceeds 60 days, please submit the data forms within 60 days of the **first** screening date of service.[2] Complete the data forms based on the information that you have available, and indicate the remaining uncompleted tests as "pending".

   EXAMPLE: The patient has a scheduled Pap and CBE on March 10, 2004, but she is not due for a mammogram until June 2004. You must submit the data forms by May 10, 2004, in order to be in compliance. Complete the data forms, including reporting the results of the CBE and Pap test; indicate the mammogram as Pending on the data form--provide an appointment date, if you have one, and mark the result as "pending". Submit the forms (with your invoice) within 60 days of the Pap screening date of service (by May 10, 2004).

5. If the timing of the screening tests falls within 60 days, but you will exceed the 60-day limit by waiting on the results of the last screening test, submit the data forms by the 60-day limit. Complete the data forms based on what available information you have, indicate the remaining uncompleted test as "pending", and submit the data forms along with an invoice (if applicable).

   EXAMPLE: The patient has a scheduled Pap and CBE on March 10, 2004, and scheduled for a mammogram on April 27, 2004. You have received the results of the Pap but will not receive the mammogram results within the 60-day limit (by May 10, 2004). Complete the

[2] Based on FY 2002 data, 65% of screening cycles had both a screening mammogram and Pap test scheduled within 14 days of each other, and an additional 18% had the mammogram and Pap test scheduled within 15 to 30 days of each other.

data forms, including reporting the results of the CBE and Pap test; indicate the mammogram as Pending on the data form--provide the appointment date and mark the result as "pending". Submit the forms (with your invoice) within 60 days of the Pap screening date of service.
In both #4 and #5, we expect you to update the Screening Encounter Form with the additional information and re-submit to the VDH office.

6. The data forms should be mailed, unless specifically directed by the Data Manager to FAX the information. If you anticipate a delay in submitting a form that does not fall within the above exceptions, please notify the Data Manager immediately on how to proceed.

7. We will review all complete and incomplete data packets received by VDH. Incomplete data packets will not be approved for payment. However, the information will be entered in the state database. You will have the opportunity to update incomplete data forms and re-submit for payment in the next monthly billing cycle.

DIAGNOSTIC WORKUP

1. The Breast Cancer Diagnostic Encounter Form and the Cervical Cancer Diagnostic Encounter Form can be submitted at a later date. You are not required to complete diagnostic workup and treatment before invoicing.

2. Diagnostic test results, status of workup, and the final diagnosis should be documented on the Breast Cancer (or Cervical Cancer) Diagnostic Encounter Form and submitted to the main BCCEDP office within **sixty (60) calendar days** of the date of screening, where an abnormal finding was detected. This is more than ample time to provide diagnostic workup information to VDH.[3]

3. Treatment status and the start date of treatment, including staging and tumor size, should be documented on the Diagnostic Encounter Form and submitted within **sixty (60) days** from the date of final diagnosis. This is more than ample time to obtain the above-mentioned information.[4] *It is strongly encouraged that you submit diagnostic and treatment data as soon as it is received.*

4. If the time of reporting either diagnostic workup or treatment information exceeds **60** calendar days, the Data Manager will notify you to request a reason for the delay. If you anticipate a delay, you should submit the Diagnostic Encounter Form with what information is available within the 60-day time frame. Indicate "pending" under either the Diagnosis or Treatment Status, with the expectation that you will provide more data at a later date. If the section is left entirely blank, this will result in a phone call from the Data Manager.

[3] Based on FY 2002 data, 84% of cases of abnormal breast findings received completed workup within 60 days. The median was 24 days.
[4] Based on FY 2002 data, 94% of cases of women diagnosed with breast cancer initiated treatment within 60 days. The median was 13 days to start treatment.

PATIENT NON-COMPLIANCE

There are several reasons for a patient not receiving screening, diagnostic or treatment services: (1) the service is not needed; (2) the patient becomes "lost to follow-up"; or (3) the patient refuses the service, the latter two which are defined below.

PATIENT LOST TO FOLLOW-UP

In the event that the case manager cannot successfully contact the client, including cases where the client died or moved without a forwarding address, the client is considered "lost to follow-up.

- If a screening test (e.g., mammogram, Pap test) was not performed because the patient was lost to follow-up, indicate as "Needed but not performed (includes refused)" on the Screening Encounter Form under Question 8 (Mammogram) or Question 14 (Cervical Screening).
- If a specific diagnostic test was not performed because the patient is lost to follow-up, indicate as "Refused" under the column corresponding to the test for which the patient was scheduled.
- If diagnostic workup or cancer treatment was entirely not performed for that reason, indicate as "Patient lost to follow-up" under, respectively, the Diagnosis Status or Treatment Status on the Diagnostic Encounter Form. **Provider sites should have minimal numbers of "Patient lost to follow-up" as indicated under Diagnosis or Treatment Status.**

PATIENT REFUSAL OF SERVICES

In the event that the client refuses screening, diagnostic or treatment services either formally, by declaring so, or informally, by not keeping an appointment or canceling a scheduled appointment, you should indicate that the service is "refused".

- If a screening test (e.g., mammogram, Pap test) was not performed because the patient refused, indicate as "Needed but not performed (includes refused)" on the Screening Encounter Form under Question 8 (Mammogram) or Question 14 (Cervical Screening).
- If a specific diagnostic test was not performed because the patient refused to have it done, indicate as "Refused" under the column corresponding to the test for which the patient was scheduled.
- If diagnostic workup was entirely not performed for that reason, indicate as "Work-up refused" under the Diagnosis Status on the Diagnostic Encounter Form. **Provider sites should have minimal numbers of "Work-up refused" as indicated under Diagnosis Status.**
- If cancer treatment was not performed because the patient refused, indicate as "Treatment refused" under the Treatment Status on the Diagnostic Encounter Form. **Provider sites should have minimal numbers of "Treatment refused" as indicated under Treatment Status.**

Several attempts should be made to contact a client to schedule follow-up diagnostic services and treatment. Three telephone attempts should be made on three different dates. If the case manager is still unable to locate the client, a certified letter should be sent, return receipt requested. If there is still no response from the client, the case manager has the option of discharging the patient from the program.

For purposes of minimizing legal liability, attempts should be made to have the client sign the Waiver Statement on the bottom of the *Additional Comments Form* or other substitute form that your facility has, if at all possible.

More detailed information about the client's refusal should be documented on the *Additional Comments Form* to be submitted to VDH. *It is strongly suggested that you gather and document details behind the client's refusal.* Such comments will be added to the database and submitted to CDC upon request.

NON-PROGRAM FUNDED SCREENING & DIAGNOSTIC WORK-UP

During the time that a client is enrolled in the BCCED Program, she may have had a screening mammogram or Pap test performed elsewhere that is not funded by BCCEDP. For example, a client may choose to go to her own provider or may be ineligible to have the screening service reimbursed by the BCCEDP due to her age. In this case, you would indicate that the service was **"Done, recently elsewhere, services not paid by BCCEDP"**.

In other cases, a woman may be referred into the BCCEDP for diagnostic work-up alone on the basis of an abnormal result from a screening procedure performed elsewhere. The screening service was performed prior to enrollment in BCCEDP, whereas the diagnostic work-up was performed while the client was enrolled. If the results and specifics of the screening test are known, it should be recorded on the Screening Encounter Form as it normally would be if it was a screening paid for by the Program. However, you would respond 'No' to the question of whether or not the screening mammogram (Pap test) was paid by BCCEDP.

If the result and specifics about the mammogram (Pap test) are not known, it should be coded as **"Result unknown, presumed abnormal, (mammogram) Pap test from non-program funded source"**. The result of the screening mammogram or Pap test outside of the Program is presumed to be abnormal; otherwise a diagnostic work-up would not be recommended and performed.

You should report information on both screening and diagnostic work-up if either is paid for by BCCEDP. For example, a client may be referred to the Program for diagnostic work-up on the basis of an abnormal finding from a screening procedure done elsewhere. Or a client may receive a screening test that is paid for by the Program but chooses to have diagnostic work-up performed outside of the Program. This occurs quite frequently as many clients opt to have work-up or treatment performed through their PCP or done out-of-state. We strongly encourage you to obtain as much information as possible from the client's PCP regarding past history and screening results that may inform you about how to proceed with diagnostic work-up. ***Note**: If both screening and diagnostic work-up are not paid by BCCEDP, then the patient should not be enrolled in the BCCEDP and neither tests should be reported on any data forms.*

PATIENT INACTIVE STATUS

The client may no longer be eligible for the following reasons:

- age 65 years or older and qualifies for Medicare
- has private insurance or Medicare coverage that will cover screening services
- has an annual income above 200% of the Federal Poverty Guidelines
- no longer a resident of Virginia (i.e., moved)
- deceased
- enrolled in Medicaid under the provisions of the BCCPTA for payment of cancer treatment services.

You may also document that a client expressly stated that she no longer wishes to participate in the Program even though she is still program-eligible.

DECLARING A PATIENT INACTIVE

In the event that the client becomes ineligible or inactive, document this information on the most recent Eligibility Form to be completed on the patient (in the section designated as "Office Use Only"):

1. Check (✓) the box labeled "Inactive due to:";
2. State a reason (any of the above apply);
3. Indicate an effective date when the patient was determined to be inactive.

If you feel it is necessary to provide more detail, please use the Additional Comments Form.

It is important that you inform the Data Manager when a client is no longer active in the Program. This has consequences for whether or not the client should be contacted in the future for annual re-screening appointments and how the re-screen rate is computed. The Data Manager will review the entire BCCEDP chart to ensure that all necessary forms were received before closing out the chart. If information is missing, the Data Manager will contact the provider site and request the information.

TRANSFER OF CASE TO OTHER BCCEDP PROGRAM

In the event that a client moves out of your locality or out of state, you should discuss with the client the option of continued participation in the BCCEDP. It is possible that the client is relocating to an area where there is a local or state BCCED Program. If the client wishes to continue participating in the BCCED Program, you should contact the Data Manager to inform us that the client is moving and where she is relocating. Please submit this information on a *Additional Comments Form.*

Transfer to other local BCCEDP: If the client is moving within-state and a local program exists in the new locality--for example, the case is being transferred from one Administrative Provider Site to another--you should provide the name and phone number of the local case manager and leave it up to client to make the first call. This is to protect the client's confidentiality. If the client requests, you can be a facilitator of that contact and either directly contact the new case manager on the client's behalf or request the new case manager contact the client herself. The case manager should transfer the patient's medical information to the new site after obtaining the patient's permission to do so.

Transfer to other state BCCEDP:
If the client's case is being transferred out-of-state, the case manager should inform the client of the option of contacting the BCCED Program in the state to which the client is moving. It is the client's responsibility to contact the new case manager. The case manager may be a facilitator, upon the request of the client. The out-of-state BCCED Program must obtain written permission from the client before your site releases any medical records.

If the case is reversed, where a client from out of your region (or out-of-state) is being referred to your Site, you should not make the initial contact to the client. You should wait for the client to contact you about re-enrollment, unless specifically directed to do so by the former case manager and client. This is to protect the client's confidentiality. Furthermore, if you need records from the previous BCCEDP site, you need to have the client sign a release of medical information form.

CLINICAL & DATA DOCUMENTATION

- The Contractor shall report to the Program all results, which are received from sub-contractors, in so far as it relates to screening services and diagnostic services that are funded partially or wholly by BCCEDP. You must obtain the patient's consent before sending any information to the BCCEDP. Information related to treatment is also required in so far as treatment follows from screening and diagnostic work-up that is paid for by the BCCED Program.

- The Contractor is required to document on the BCCEDP data forms information that is related to screening and diagnostic work-up as paid for by the program. Information related to diagnosis and treatment that follows from diagnostic work-up paid for by the Program must also be documented on the BCCEDP data forms. We also require that you submit documentation (on the BCCEDP data forms) on proof of program eligibility and request that you submit information related to the client's personal background (i.e., demographic information) and previous screening history as it relates to eligibility. <u>It is not acceptable to submit lab reports, mammography reports and other clinical reports in lieu of the data forms.</u>

- The Contractor will designate a case manager or other staff member to be responsible for collecting and submitting all forms to BCCEDP data management staff according to the Virginia BCCEDP Data Reporting Manual. This person is to be the contact person for that site to whom all correspondence or inquiries are directed by the BCCEDP staff.

- BCCEDP sends requests for missing clinical documentation to participating administrative provider sites on an as needed basis. Requests may be made by telephone, FAX or email. If the clinical provider does not respond to two requests for missing documentation, the BCCEDP director will send a letter to the administrative provider site. **NOTE: If the provider site does not respond to the letter in 30 days, further action will be taken to evaluate whether or not the provider site's contract will be renewed in the next grant contract year.**

RECORD MAINTENANCE AND CONFIDENTIALITY OF INFORMATION

- The Contractor shall maintain a permanent patient record for each woman receiving services funded with Program monies. The record will include all relevant documents as outlined in the Virginia BCCEDP Data Reporting Manual.

- All screening and diagnostic activities provided for the BCCEDP are to be documented in the woman's medical record maintained by the provider. This includes all patient contacts and contacts regarding the patient's care.

- The Contractor shall maintain client/record confidentiality in accordance with state and federal laws, rules, and regulations. All personal and medical information about screened women is privileged and must remain confidential, available only to the appropriate staff at the Provider agency and the BCCEDP, and following accepted medical ethical standards.

- The Case Manager or other designated staff member who completes the data forms will be deemed responsible for whatever is documented on the data forms. We require that the person completing the Screening Encounter Form and both Diagnostic Encounter Forms sign and date their signature at the bottom of these forms. This person will be held accountable for any results and other clinical information noted on the forms. The BCCEDP staff may contact this person to provide other supporting documentation (e.g., clinical or lab reports) if there is a question about the accuracy of the coding on the data forms.

- Medical records of women screened through the BCCEDP are to be maintained for at least **five (5) years**.

DATA REPORTING AND BILLING

Requirements for Approval of Payment:

- ✧ You are paid the annual capitation rate once per patient per 12-month period or cycle.
- ✧ You may only request payment for new screens and rescreening cycles. Short-term follow-up cycles are reimbursed from the monies that you already received for the patient's previous new screen or rescreen cycle. Exceptions are made; contact the Data Manager for additional information.
- ✧ You will not be approved for payment until all screening services that a patient is eligible for in a 12-month period are completed and fully documented on the BCCEDP Data Forms (see exception under #4 and #5 on **pp. 41-42**).
- ✧ The BCCEDP reserves the right to withhold payment until all accurate and complete data is submitted. At a minimum, the following complete forms are needed for approval:
    - ♦ New Screens/Rescreens: Eligibility Form, Screening Encounter Form

  NOTE: Diagnostic Encounter Forms can follow at a later date and are not required for approval of payment.

  Reasons for non-approval include: (1) incomplete data, (2) prior payment of the same cycle, (3) prior payment for a previous cycle if current data is for a short-term follow-up.
- ✧ In response to your data submission and invoice, the BCCEDP will send a copy of the invoice (see next page) indicating the number of patient packets and the final amount ($) approved for payment. Accompanying the invoice will be a memo (see **Attachment F: Approval of Data Forms for Payment** memo) detailing missing information from the Data Forms.
- ✧ Submission of data and invoices are preferred on a monthly basis. If you were initially denied payment for a patient's cycle data in a particular billing cycle, you may submit another request for payment in the next month's billing cycle when you re-submit the corrected data form(s).
- ✧ Paperwork for short-term follow-up exams should be submitted along with data forms for new screens and rescreens. Although we will not pay for short-term follow-up exams, we will provide you feedback comments regarding missing or incomplete information on the Memo (see **Attachment F**). We encourage you to separate and designate paperwork for short-term follow-up visits from paperwork for new screenings and rescreenings.

SAMPLE INVOICE

Invoice Date:_____ Federal Tax ID#_____

Invoice #_____ Contract #_____

Submitted by: _____

TO: Virginia Department of Health
Virginia Breast and Cervical Cancer Early Detection Program
1500 East Main Street, Room 135
Richmond, Virginia 23219
Attn: Billing Coordinator

Reimbursement is requested for expenses incurred on project entitled *BCCEDP Screening* (see attached Patient List).

Reimbursement of expenses incurred to screen _____ women @ $320 each = $_____

Approved by VDH for payment: _____ women @ $320 each = $_____

Please remit $_____ to:

Provider Site Name
Address
Address

*Social Security Number is requested but not required; if not used, please create an identifying number for the client(s).

PLEASE NOTE: Payment will be approved only for clients with required data forms completed.

---------- Second Page ----------

Data submitted on the following BCCEDP Patients:

#	Patient Name	Screening Date of Service	Social Security Number*	**VDH USE ONLY** All Data Forms Included?

DOCUMENTATION OF CPT CODES

In order to determine the cost of screening and workup per patient, we request that you submit the CPT codes for procedures performed in a particular screening cycle for certain services. Please use the check (✓) boxes on the data forms to indicate which tests were performed:

- Screening Encounter Form: indicate if the mammogram was a "Screening (76092)" or "Diagnostic (76091)" test. The diagnostic mammogram is assumed to be bilateral.

- Breast Cancer Diagnostic Encounter Form: If any other procedures associated with breast biopsy or fine needle aspiration (e.g., stereotactic-guided biopsy) were performed, check the appropriate box under Column 6 on the Diagnostic Encounter Form. You are not limited to those listed on the Diagnostic Encounter Forms—you may fill in the "Other" field.

- Cervical Cancer Diagnostic Encounter Form: If any other procedures were performed other than colposcopy, colposcopy-directed biopsy, or ECC, please check the appropriate box under Column 4 on the Diagnostic Encounter Form. You are not limited to those listed on the Diagnostic Encounter Forms—you may fill in the "Other" field. **FYI**: the CPT codes for colposcopy vary if either a cervical biopsy and/or ECC was also performed in conjunction.

OTHER CLINICAL FORMS

Four sample clinical forms have been created for you to assist you with documentation of clinical services (see forms on following pages; refer to our web site). These are optional and you are not required to submit these forms to VDH. You may develop your own forms and modify them as they suit your site. However, it is strongly recommended by the Quality Assurance staff that you have documentation in the client's chart. What follows is a description of each of these forms:

PATIENT SERVICES FLOW SHEET

The purpose of the *Patient Services Flow Sheet* (**page 54**) is to provide a method of documenting in succinct form the clinical services that are provided for the client. Document the date in the appropriate box or write in "N/A" if not applicable.

The Patient Services Flow Sheet documents the following:

- Screening appointment dates
- Arrangements made for transportation assistance
- When screenings results are received from the radiologist/cytology lab
- Notification of screening results
- When annual rescreening or follow-up is due
- When rescreening reminders are sent

DOCUMENTATION CHECKLIST

The purpose of the *Documentation Checklist* (**page 55**) is to provide an "at a glance" synopsis of which forms have been completed and submitted to the state office of BCCEDP. Simply fill in the date and initial in the appropriate column. Place your initials and signature at the bottom of the form.

PATIENT EDUCATION CHECKLIST

The purpose of the *Patient Education Flow Sheet* (**page 56**) is to provide a check-off list to document that you have provided the education to the client. Initial and date the appropriate box. Place your initials and signature and credentials at the bottom of the page.

PROGRESS NOTE: CASE MANAGEMENT/DOCUMENTATION

The *Progress Note* (**page 57**) provides a format for you to document any information not included in the flow sheets. It is a legal requirement that you sign your full name with your credentials after each entry (as you would normally sign a legal document). Do not skip any lines. If your entry does not extend to the end of the line, draw a line to the right hand margin. If you make a mistake and need to correct an entry, cross out the incorrect entry, write error just above or to the right of the entry and initial. (See example). Under no circumstances should wite-out™ ever be used. Always document in black ink.

PATIENT SERVICES FLOW SHEET

Patient Name: _____ BCCEDP Client ID: _____

Document the date and initial in the appropriate box or write in "N/A" if not applicable. Initial and sign at the bottom of the page with your credentials.

	Date Completed/ Initials	Date Completed/ Initials	Date Completed/ Initials
Screen Appointment Scheduled			
Pre-Appointment Instructions			
Directions to Provider Site			
Transportation Assistance			
Clinical Breast Exam			
Pap Smear DOS			
Pap Report Received			
Patient Notified of Pap Result			
Mammogram DOS			
Mam Report Received			
Patient Notified of Mam Results			
Other			
Other			
Breast F/U Due			
Breast F/U Appt. Date			
Cervical F/U Due			
Cervical F/U Appt. Date			
Annual Mam Due			
Annual Pap Due			
Rescreen: 1st Reminder Sent			
Rescreen: 2nd Reminder Sent			
Rescreen: 3rd Reminder (Phone)			
Other			
Other			
Other			

Initials	**Signature & Credentials**	**Initials**	**Signature & Credentials**

DOCUMENTATION CHECKLIST

Patient Name: _____ BCCEDP Client ID: _____

Document the date in the appropriate box or write in "N/A" if not applicable. Initial each entry.

	Date Completed/ Initials	Date Submitted/ Initials	Date Completed/ Initials	Date Submitted/ Initials	Date Completed/ Initials	Date Submitted/ Initials
Eligibility Determined						
Signed Informed Consent/Medical Release Form (annually)						
Screening Encounter Form						
Breast Cancer Diagnostic Encounter Form*						
Cervical Cancer Diagnostic Encounter Form*						
Additional Comments Form**						
Other						
Other						
Other						
Initials						

***To be completed if Diagnostic Follow-Up is indicated. ** Optional**

Initials	**Signature & Credentials**	**Initials**	**Signature & Credentials**

PATIENT EDUCATION CHECKLIST

Patient Name: _____ BCCEDP Client ID: _____

Document the date and initial in the appropriate box or write in "n/a" if not applicable.
Initial and sign at the bottom of the page with your credentials.

	Date Completed Initials	Date Completed Initials	Date Completed Initials	Date Completed Initials	Date Completed Initials
Basic anatomy & physiology					
Risk Factors					
Current recommended guidelines					
Benefits of early detection					
BSE procedures					
Importance of monthly breast self-exam					
Clinical Breast & Pelvic Exam procedures					
Mammography procedures					
Importance of regular breast and cervical cancer screening					
Exit education/instructions					
Other					
Other					

Initials	Signature & Credentials	Initials	Signature & Credentials

PROGRESS NOTE
CASE MANAGEMENT/DOCUMENTATION

Patient Name: ______________________________________ BCCEDP Client ID: __________

DATE	NOTES	SIGNATURE

CLIENT SATISFACTION QUESTIONNAIRE (OPTIONAL)

The Client Satisfaction Questionnaire, an optional form, contains separate questions regarding the client's experience with facilities providing the mammogram and the Pap test. Although the state BCCEDP has temporarily suspended use of the Questionnaire, we encourage the Provider Sites to continue to administer the Questionnaire and use the data to evaluate their clinic practices.

CLIENT SATISFACTION QUESTION

We wish to improve our services and learn your reaction to the clinic and its staff. In order to make improvements to better serve you and other women who are enrolled in the *Every Woman's Life* Program, we need your help. Please take a few minutes to answer the following questions. Please answer honestly. This information will be kept confidential. We will not identify you by name. Thank you for your time and help.

	Where Pap was performed	Where Mammogram was performed
1. How much time went by between when you called to make an appointment and the scheduled visit date?	❑ 1 week ❑ 2 weeks ❑ 3 weeks ❑ 4 weeks ❑ More than 4 weeks	❑ 1 week ❑ 2 weeks ❑ 3 weeks ❑ 4 weeks ❑ More than 4 weeks
2. Were the clinic hours:	❑ Convenient ❑ Not Convenient	❑ Convenient ❑ Not Convenient
3. Was the front desk staff pleasant and helpful?	❑ Yes ❑ No	❑ Yes ❑ No
4. Did the staff know about the *Every Woman's Life* Program?	❑Yes ❑ No ❑ Don't know	❑Yes ❑ No ❑ Don't know
5. How much time did you spend in the waiting room before going into an exam room was:	❑ <10 mins ❑ 10-20 mins ❑ 30 mins ❑ > 30 mins	❑ <10 mins ❑ 10-20 mins ❑ 30 mins ❑ > 30 mins
6. After going into the exam room, how much time went by before a nurse or doctor saw you?	❑ <10 mins ❑ 10-20 mins ❑ 30 mins ❑ > 30 mins	❑ <10 mins ❑ 10-20 mins ❑ 30 mins ❑ > 30 mins
7. Did you have privacy during your interview or exam?	❑ Yes ❑ No	❑ Yes ❑ No
8. Were the results of your visit discussed with you?	❑ Yes ❑ No ❑ Results not back yet	❑ Yes ❑ No ❑ Results not back yet
9. How well did the information that you were given ease your fears?	❑ Poor ❑ Fair ❑ Good ❑ Excellent ❑ Outstanding	❑ Poor ❑ Fair ❑ Good ❑ Excellent ❑ Outstanding
10. Were all your questions and concerns answered?	❑ Yes ❑ No	❑ Yes ❑ No
11. Were you taught how to examine your own breasts at your Pap smear visit?	❑ Yes ❑ No ❑ Already knew	Not Applicable
12. Were you given information to take home with you?	❑ Yes ❑ No	❑ Yes ❑ No
13. Did the office staff help you make any other appointments that you needed?	❑ Yes ❑ No ❑ No more needed	❑ Yes ❑ No ❑ No more needed

Client Satisfaction Questionnaire - Continued

14. How satisfied were you with the service you received at this facility?		❑ Quite dissatisfied ❑ Indifferent/ Mildly dissatisfied ❑ Mostly satisfied ❑ Very satisfied			❑ Quite dissatisfied ❑ Indifferent/ Mildly dissatisfied ❑ Mostly satisfied ❑ Very satisfied	
15. Overall, were you treated properly and with respect by the following staff members where you had the **Pap Smear** done:	Nursing staff: Doctors: Radiology Staff: Admissions Staff:	❑ poor ❑ poor ❑ poor ❑ poor	❑ Fair ❑ Fair ❑ Fair ❑ Fair	❑ Good ❑ Good ❑ Good ❑ Good	❑ excellent ❑ excellent ❑ excellent ❑ excellent	❑ outstanding ❑ outstanding ❑ outstanding ❑ outstanding
16. Overall, were you treated properly and with respect by the following staff members where you had the **Mammogram** done:	Nursing staff: Doctors: Radiology Staff: Admissions Staff:	❑ poor ❑ poor ❑ poor ❑ poor	❑ Fair ❑ Fair ❑ Fair ❑ Fair	❑ Good ❑ Good ❑ Good ❑ Good	❑ excellent ❑ excellent ❑ excellent ❑ excellent	❑ outstanding ❑ outstanding ❑ outstanding ❑ outstanding
Please answer the following questions about the Every Woman's Life Program in General						
17. To what extent has the *Every Woman's Life* program met your needs?		❑ None ❑ Only a few ❑ Most ❑ Almost all				
18. If you were to seek help again, would you come back to the *Every Woman's Life* Program?		❑ Definitely not ❑ Don't think so ❑ Think so ❑ Definitely				
19. If a friend were in need of similar help, would you recommend our program to her?		❑ Definitely not ❑ Don't think so ❑ Think so ❑ Definitely				

Additional Comments:

Interview Date: _____ Interviewer: _____

FREQUENTLY ASKED QUESTIONS (FAQ)

Here are answers to some frequently asked questions that have appeared in CDC newsletters that we are providing you.

Cervical Screening

Q The patient has a Pap test indicating ASCUS. The physician wants her to return for a repeat Pap test in four months. Is this considered work-up and how would I report the repeat Pap test?

A For the purposes of standardized reporting of screening data, the repeat Pap test will start a new cycle. It is not considered diagnostic workup for the previous Pap test. It is instead a screening test being repeated. As such, you should indicate that no workup is planned on the Screening Encounter Form where the initial Pap test is documented. As for the repeat Pap test, you should document pertinent information on a new Screening Encounter Form, indicate the visit as "follow-up" (to represent "short term follow-up") at the top of the form, and check (✓) that the CBE and mammogram were 'Not needed'. It is not necessary to re-submit the Eligibility or Consent Forms.

The standardization of reporting screening cycle data does not always fit the realities of clinical practice. Often a clinician will recommend a repeat Pap test or mammogram in 3-6 months based on a questionable result in the earlier screening. To the clinician, the repeat procedure is considered part of follow-up. For the purposes of reporting data to the CDC, the repeat Pap test (or repeat mammogram) would begin another screening cycle.

Q If a patient has a Pap test whose result comes back as 'Unsatisfactory', and a repeat Pap test is repeated 2 weeks later, where does the repeat Pap test result get reported?

A All Pap tests (except for verifying Paps performed at time of colposcopy) begin a new cycle, regardless of the amount of time that passes between them, and should be reported on individual Screening Encounter Form. Therefore, this would be two cycles. The first cycle would indicate the original Pap test data and the result as 'Unsatisfactory' on the Screening Encounter Form. Work-up planned would be 'No'. A new cycle would begin with the repeat Pap test done 2 weeks later on a second Screening Encounter Form.

It is very important for Program management that all Unsatisfactory results be monitored. This is a good way for Programs to review the quality of their participating lab sites, and monitor quality of provider sites, as problems with Pap tests can be related to poor technique at collection or fixation. An unusually large number of 'Unsatisfactory' results is a flag that there may be a potential problem. The same holds true for mammogram results.

Q We have a patient who had an abnormal Pap test result. She was referred for a colposcopy-directed biopsy and a LEEP. A final diagnosis was reported. Three months later, the woman returned and the clinician chose to go directly to a colposcopy-directed biopsy. Is this an extended screening cycle?

A No. The second colposcopy would begin a new screening cycle. On a new Screening Encounter Form for the second cycle, you should document the Pap test result as 'Needed but not Performed', with diagnostic work-up as Planned.

Q A woman has a Pap test and the result is one that requires a colposcopy. When she is referred to the clinic which will perform the colposcopy, they repeat the Pap test prior to the colposcopy. Does this start a new cycle? How should we report the cycle, when the colposcopy clinic indicates their Pap test result is Normal, and therefore do not complete the colposcopy?

A Repeat Pap tests done at the time of a colposcopy are <u>not</u> considered diagnostic tests and therefore are not clinically necessary and should <u>not</u> be reported on the Diagnostic Encounter Form. You should report the initial Pap test result on the Screening Encounter Form, report the Diagnostic Work-up as 'Planned', report the colposcopy and a Final Diagnosis on the Diagnostic Encounter Form. In the event that the Pap test at time of colposcopy was called 'Negative' by the clinician, and the colposcopy is not performed as intended, the initial Pap test should be reported on the Screening Encounter Form, with the Diagnostic Work-up as 'Planned', and Status of Final Diagnosis should be reported as Pending. Again, the verifying Pap test done at time of colposcopy should not be reported on the data forms. This will leave an open cycle. We ask that you document this issue on the Additional Comments Form, which we will use to respond to any questions from the CDC about this case.

Q A woman has a Pap test and the result is one that requires a colposcopy. After reading the results from the colposcopy, the physician requests another Pap test in three months. What should be used as the final diagnosis? the colposcopy result of the second Pap test result?

A The final diagnosis should come from the work-up that corresponds with the initial abnormal Pap test, in this case, the colposcopy. The second (repeat) Pap test should begin a new screening cycle and be documented on a new Screening Encounter Form.

Q A woman has an abnormal pelvic exam. She is referred for diagnostic workup, and receives a LEEP. The LEEP also removed the lesion. Howe does this get reported on the data forms?

A Report that Diagnostic Work-up is Planned on the Screening Encounter Form. On the Cervical Diagnostic Encounter Form, the LEEP is recorded as an Other Procedure (Column 4

under Diagnostic Procedures). The Final Diagnosis is reported. Treatment Status is recorded as 'Treatment Started', with the LEEP date as the Date of Treatment. NOTE: While LEEP has a role in diagnostic evaluation, it should not be used alone as a diagnostic tool. A Pap test or pelvic exam that requires additional follow-up should go to colposcopy first. LEEP should primarily be used as a treatment modality.

Q If a patient walks in off the street and reports that she had an abnormal Pap test performed elsewhere and says that she needs to have a colposcopy done, how do I report this on the data form?

A Attempt to obtain the actual Pap test result from the non-BCCEDP provider. If unsuccessful, record the finding as 'Result unknown, presumed abnormal, from non-program funded source'. Do not report findings and dates of service without actual documentation and based only on patient report.

Breast Screening

Q We have a patient who had an abnormal clinical breast exam (CBE) and a Suspicious Mammogram finding. It was recommended that the patient receive a biopsy. When the patient presented for the biopsy, the lump had resolved itself, so no biopsy was performed. How should this cycle be resolved since diagnostic work-up was intended?

A This is a situation where MDE data and clinical practice don't match up. The CBE and Mammogram result should be reported on the Screening Encounter Form. Diagnostic work-up is recorded as planned. No diagnostic procedures will be reported on the Breast Diagnostic Encounter Form; however, a Final Diagnosis of 'Not Cancer' should be recorded. This will spark an error message in the database. We ask that you document the issue on the Additional Comments Form.

Q We have a client who was seen from screening to diagnosis through the BCCEDP. She went outside the program for her treatment. The outside facility has not shared any treatment information with our program. We have been in contact with the client who has indicated she has received chemotherapy and surgery. Can we report the client's treatment claims on the Diagnostic Encounter Form to close out her cycle?

A No. It is not recommended that client relayed information be reported on the data forms. All procedures should be well documented. In this situation, because the woman chose to discontinue her relationship with the program, the Treatment Status on the Breast Diagnostic Encounter Form should be coded as 'Treatment Refused' and an administrative close-out date provided. It would also be beneficial to document such cases on the Additional Comments Form.

Q How do you report cancers found that do not originate in the breast? For example, we have a client who was found to have melanoma on her breast during a routine breast exam.

A The only diagnostic work-up that should be reported on the data forms is that which is done to rule out breast cancer. If the work-up done was to diagnose the melanoma, then the Diagnostic Work-up question on the Screening Encounter Form should be recorded as 'No (Not Planned)'.

Q What should be used as the Date of Final Diagnosis?

A The date of Final Diagnosis on the Diagnostic Encounter Form is the date of the definitive procedure that indicated Cancer or Not Cancer. For example, it may be the date of a biopsy or ultrasound. It should NOT be the date of the results, the date the provider received the results, or the date that the patient was notified. It is the date that the actual procedure was performed.

Q A woman has an Abnormal, Suspicious for Cancer finding on her CBE and a diagnostic mammogram result of Benign. Is this case closed?

A No. According to the algorithm provided by the CDC, as well as other clinical references, an abnormal CBE finding of any of the following:

- bloody or serous nipple discharge
- nipple or areolar scaliness
- skin dimpling or retraction
- discrete palpable mass

should be followed with one or more of the following options: 1) referral to a surgeon or breast specialist, 2) a biopsy/lumpectomy, 3) a fine needle aspiration or 4) an ultrasound.

What causes confusion for many is when the mammogram is called Screening versus Diagnostic. In a way, the confusion caused is primarily due to semantics. By definition, if a woman is asymptomatic when screened for a breast disease, the mammogram she receives is a Screening Mammogram, which is documented on the Screening Encounter Form.

When the patient presents with CBE symptoms that are suspicious for cancer, she must be referred for a diagnostic mammogram. The diagnostic mammogram provides additional views. The results of the diagnostic mammogram should be reported on the Screening Encounter Form.

If the diagnostic mammogram result is Normal or Benign, it does not eliminate the need for further evaluation of the palpable, suspicious mass. In many cases, the radiologist will go beyond the initial bilateral mammogram and do ultrasound or additional mammographic views (also called 'spot compression' or 'magnification views'). When these other tests are done in addition to the initial bilateral mammographic views, they are reported on the Breast Diagnostic Encounter Form.

Q A woman had an Abnormal Mammogram finding and was referred for diagnostic work-up for her breast. In the meantime, she has moved and the case manager cannot reach her. Do we record the patient as Lost to Follow-up or Refused on the Diagnostic Encounter Form?

A The case is coded as 'Lost to Follow-up'. 'Lost to Follow-up' refers to a case either where the client died prior to diagnostics or treatment or when the client moves and cannot be reached. 'Refused' refers to a case where the client has declined services provided by the Program. If several attempts are made to schedule the necessary appointments and the client does not show up, she should be considered 'Refused'. While the CDC does not need to know the circumstances relating to Lost to Follow-up cases, it is beneficial for the BCCEDP to collect more detailed information on the Additional Comments Form in order to periodically assess the causes of Lost to Follow-up or Refused cases.

Q How should follow-up be handled for a woman whose financial eligibility changes during a cycle?

A If a woman has normal screening results, no further follow-up would be done. If the woman has abnormal screening results, the Provider Site is expected to follow the women until she has completed workup or treatment regardless of her current eligibility for the program. However, if the patient acquires insurance and prefers to be seen by a private provider, you should indicate her as Refusing work-up or treatment.

Q A patient was evaluated by her surgeon, who performed a repeat CBE post-surgery. How should we report this?

A It is not necessary to report clinical breast exams (also referred to as 'repeat breast exam', or RBE) performed by a surgeon or other breast specialist when it is performed post-op (after breast surgery). This is part of routine surgical follow-up after a lumpectomy or other treatment procedure. The intent of performing the RBE is not for screening or diagnostic purposes.

However, if the patient is having a RBE that is not post-surgery and is instead part of routine screening, it should be reported on the Screening Encounter Form. If it is considered part of diagnostic work-up for an abnormal finding, it should be recorded on the Breast Diagnostic Encounter Form.

Q A patient had an abnormal breast finding from several months ago. Further evaluation (work-up) was negative for cancer. The clinician recommended that the patient have another mammogram in six months. A bilateral breast diagnostic mammogram was performed. Where should the diagnostic mammogram be recorded?

A Since the clinician is recommending delayed short-term follow-up, the diagnostic mammogram starts a new MDE screening cycle. It is not considered diagnostic work-up. The diagnostic mammogram is simply used as a screening tool in this situation and should be reported on the Screening Encounter Form and indicated as 'Diagnostic' rather than 'Screening'.

The only time that a diagnostic mammogram is recorded on the Breast Diagnostic Encounter Form is when the clinician recommends additional mammographic views to evaluate an existing abnormal CBE or screening mammogram finding (e.g., Assessment Incomplete, or BI-RADS 0).

Q A patient has a clinical breast exam and Pap testing in March, but is not due for her mammogram until later in August. When the mammogram is performed, should it be recorded on a separate Screening Encounter Form?

A The policy is that you should submit all of the screening findings before requesting payment. However, since this will place you out of compliance with respect to timely submission of data, you should submit the CBE and Pap test information within 60 days of the CBE/Pap test date of service. Indicate the mammogram as 'Pending' and provide an appointment date. (If the date changes, you can update it later.)

Once the mammogram is performed, record it on the same Screening Encounter Form that you started with the Pap and CBE information. Change the result of the mammogram from 'Pending' to the actual finding and re-submit the data form to VDH. Of course, you will not be paid again for the same cycle data. (NOTE: The finding from the CBE may not be valid in interpreting a mammogram result that is delayed. It is suggested that you repeat the CBE closer to the time of the mammogram, or on the day of the mammogram.)

If the patient refuses to have the mammogram or is lost to follow-up, change the result from 'Pending' to 'Needed, not performed (includes refused)'.

Q A woman had her clinical breast exam and Pap test through another provider in March. Both had normal findings. She lost her insurance and enrolled in the BCCEDP in May and was eligible to have a mammogram paid by the program. Should we report the findings from her CBE and Pap test on the data forms?

A It is not necessary to report findings from other screenings performed by other providers. For the CBE, check (✓) "Not needed, previously performed, normal CBE" on Q. 4. For the Pap test, indicate as "Not Needed or done previously elsewhere…" The only circumstance in which you would report all of the information would be if the patient is receiving diagnostic workup for an abnormal result from a screening performed elsewhere.

Q A patient has a clinical breast exam performed by another non-BCCEDP provider. The finding is abnormal. She then enrolls in the BCCEDP and has diagnostic work-up (e.g., mammogram, ultrasound) performed by a BCCEDP provider and paid out of program funds. Should I report the CBE finding on the data forms?

A Yes. If the patient has a screening test performed by a non-BCCEDP provider, the result of which is abnormal, and is referred to the BCCEDP to have diagnostic workup performed, you must record the result of the screening test and all pertinent information, if available, on the Screening Encounter Form. In this case, you would need to document the CBE finding and date of service. Indicate the test as not "paid by BCCEDP".

Q A woman has an abnormal CBE finding for which she is referred for an ultrasound in April to further evaluate this finding (a mammogram was also performed). The ultrasound finding is indeterminate. The clinician then recommends that the patient have a bilateral diagnostic mammogram in four months in August to determine if the abnormal finding persists. The repeat mammogram is negative. What should I record for the date of the final diagnosis?

A First, in the event that the ultrasound finding is indeterminate, the patient should be referred to a surgeon or breast specialist for further evaluation and another diagnostic test should be performed. Consult with the QA Nurse Consultant about appropriate follow-up for abnormal CBE.

If the clinician's recommendation is to perform short-term follow-up instead, you would report the following: (1) the final diagnosis is 'Not cancer' and (2) the date of the final diagnosis is the date when the ultrasound was performed in April. Although the ultrasound is indeterminate, on the basis of the immediately planned diagnostic tests (e.g., ultrasound), the clinician is concluding that there is no evidence <u>at this point</u> to suggest cancer. As such, you should record the Final Diagnosis as 'not cancer' and close out the cycle. Similar to the Short Term Follow-up/Planned Delay scenario (**pp. 35-37**), the repeat mammogram is not considered a diagnostic test in this situation but rather a screening test performed at a shorter interval. The repeat mammogram should be recorded on a new Screening Encounter Form. [NOTE: In most cases, clinicians will recommend another diagnostic test to further evaluate indeterminate findings.

Q A patient has a bilateral screening mammogram: the finding in the right breast is negative, the finding in the left breast is Suspicious Abnormality. How do I record both findings?

A Record only one finding on Q. 8 in the Mammogram section. If you have more than one finding—such as different findings in different breasts—record the worse of the two findings. This rule applies to Pap test findings, breast and cervical diagnostic findings, and breast and cervical final diagnoses. For example, a final diagnosis of cancer in situ in one breast and invasive cancer in the other breast should be recorded as 'invasive cancer' as the

Final Diagnosis. This rule also applies to different tumor sizes with respect to multiple tumors in the same breast. The largest tumor size should be reported.

Q A woman has a screening mammogram with a questionable finding. The clinician wants to compare the finding on the recent mammogram to previous films before making a final determination. How do we report this on the data forms? Should I record the result as "Incomplete Assessment"?

A This is a situation of Incomplete Assessment rather than Assessment Incomplete (BI-RADS 0). In this situation, the clinician does not require additional radiographic imagery (mammographic views) to be performed. If you are waiting for the clinician to receive the previous film and to issue a final report, which will go beyond the 60-day limit, submit the Screening Encounter Form with the mammogram date of service and the result as 'Pending'. When the comparison is made and the final mammogram result determined, update the Screening Encounter Form with the new result and re-submit.

NOTE: The difference between Assessment Incomplete (BI-RADS 0) and "Incomplete Assessment" is that in the former, the clinician is requesting that additional mammographic views are performed before reaching a conclusion. You should record the screening mammogram result as 'Assessment Incomplete' on the Screening Encounter Form, indicate that diagnostic work-up is planned, and record the information for the diagnostic mammogram/additional mammographic views on the Breast Diagnostic Encounter Form.

APPENDICES

APPENDIX A: HHS 2003-2004 FEDERAL POVERTY GUIDELINES

2003 FEDERAL POVERTY GUIDELINES

(EFFECTIVE 06/30/2003 THRU 06/29/2004)

Number in Family	200% FPL		
	Gross Yearly Salary	Gross Monthly Income*	Approximate Hourly Income**
1	$17,960	$1,497	$8.64
2	$24,240	$2,020	$11.66
3	$30,520	$2,544	$14.68
4	$36,800	$3,067	$17.70
5	$43,080	$3,590	$20.72
6	$49,360	$4,144	$23.74
7	$55,640	$4,637	$26.75
8	$61,920	$5,160	$29.77
If more than eight, add $6,280 (yearly) for each child	$6,280	+$523	+$3.02

SOURCE: Federal Register, Vol. 68, No. 26, February 7, 2003, pp. 6456-6458.
*Divided by 12 months and rounded to the nearest dollar.
**Assumes a full-time job for a full year (2080 hours).

APPENDIX B: ACR BREAST IMAGING REPORTING AND DATA SYSTEM (BI-RADS)

a. **Assessment is Incomplete**

Finding for which additional evaluation is needed.

This is almost always used in a screening situation and should rarely be used after a full imaging work-up. A recommendation for additional evaluation should be made including the use of a spot compression, magnification, special mammographic views, ultrasound, aspiration, etc.

Whenever possible, the present mammogram should be compared to the previous studies. The radiologist should use judgment in how vigorously to pursue previous studies.

b. **Assessment is Complete - Final categories**

1) **Negative**

There is nothing to comment on. The breasts are symmetrical and no masses, architectural disturbances or suspicious calcifications are present.

2) **Benign Finding** - Negative

This is also a negative mammogram, but the interpreter may wish to describe a finding. Involuting, calcified fibroadenomas, multiple secretory calcifications, fat containing lesions such as oil cysts, lipomas, galactoceles, and mixed density hamartomas all have characteristic appearances, and may be labeled with confidence. The interpreter might wish to describe intramammary lymph nodes, implants, etc., while still concluding that there is no mammographic evidence of malignancy.

3) **Probably Benign Finding** - Short Interval Follow-Up Suggested:

A finding placed in this category should have a very high probability of being benign. It is not expected to change over the follow-up interval, but the radiologist would prefer to establish its stability. Data are becoming available that shed light on the efficacy of short interval follow-up. At the present time, most approaches are intuitive. These will likely undergo future modifications as more data accrue as to the validity of an approach, the interval required, and the type of findings that should be followed.

4) **Suspicious Abnormality** - Biopsy Should be Considered.

These are lesions that do not have the characteristic morphologies of breast cancer but have definite probability of being malignant. The radiologist has sufficient concern to urge a biopsy. If possible, the relevant probabilities should be cited so that the client and her physician can make the decision on the ultimate course of action.

5) **Highly Suggestive of Malignancy**

These lesions have a high probability of being cancer. Appropriate action should be taken.

APPENDIX C: MDE BREAST CANCER FINAL DIAGNOSIS CATEGORIES

MDE Breast Final Diagnosis Categories	ICD-O, 3rd Edition	
	Morphology Code	**Terminology**
1. Carcinoma In Situ, Other		LCIS and DCIS, not differentiated (prior to Oct 1999)
2. Invasive Breast Cancer	8500/3	Infiltrating duct carcinoma, NOS Infiltrating duct adenocarcinoma Duct adenocarcinoma, NOS Duct carcinoma, NOS Duct cell carcinoma Ductal carcinoma, NOS
	8501/3	Comedocarcinoma, NOS
	8502/3	Secretory carcinoma of breast Juvenile carcinoma of breast
	8503/3	Intraductal papillary adenocarcinom with invasion Infiltrating papillary adenocarcinoma Infiltrating and papillary adenocarcinoma
	8504/3	Intracystic carcinoma, NOS Intracystic papillary adenocarcinoma
	8508/3	Cystic hypersecretory carcinoma
	8510/3	Medullary carcinoma, NOS Medullary adenocarcinoma
	8512/3	Medullary carcinoma w/ lymphoid stroma
	8513/3	Atypical medullary carcinoma
	8514/3	Duct carcinoma, desmoplastic type
	8520/3	Lobular carcinoma, NOS Lobular adenocarcinoma Infiltrating lobular carcinoma
	8521/3	Infiltrating ductular carcinoma
	8522/3	Infiltrating duct and lobular carcinoma Lobular and ductal carcinoma Infiltrating duct and lobular carcinoma in situ Intraductal and lobular carcinoma Infiltrating lobular carcinoma and ductal carcinoma in situ
	8523/3	Infiltrating duct mixed w/ other types of carcinoma Infiltrating duct and cribiform carcinoma Infiltrating duct and mucinous carcinoma Infiltrating duct and tubular carcinoma Infiltrating duct and colloid carcinoma
	8524/3	Infiltrating lobular mixed w/ other types of carcinoma
	8525/3	Polymorphous low grade adenocarcinoma Terminal duct adenocarcinoma
	8530/3	Inflammatory carcinoma Inflammatory adenocarcinoma
	8540/3	Paget disease, mammary Paget disease of breast
	8541/3	Paget disease and infiltrating duct carcinoma
	8542/3	Paget disease, extramammary
	8543/3	Paget disease and intraductal carcinoma of breast

3. Breast Cancer not diagnosed	8503/0	Intraductal papilloma Duct adenonoma, NOS Ductal papilloma
	8504/0	Intracystic papillary adenoma Intracystic papilloma
	8505/0	Intraductal papillomatosis, NOS Diffuse intraductal papillomatosis
	8506/0	Adenoma of nipple Subareolar duct papillomatosis
4. Lobular Carcinoma In Situ (LCIS) – Stage 0	8520/2	Lobular carcinoma in situ, NOS Lobular carcinoma, noninfiltrating LCIS, NOS
5. Ductal Carcinoma In Situ (DCIS) – Stage 0	8500/2	Intraductal carcinoma, noninfiltrating, NOS Intraductal adenocarcinoma, noninfiltrating, NOS Intraductal carcinoma, NOS Ductal carcinoma in situ, NOS DCIS, NOS Ductal intraepithelial neoplasia 3 DIN 3
	8501/2	Comedocarcinoma, noninfiltrating Ductal carcinoma in situ, comedo type DCIS, comedo type
	8503/2	Noninfiltrating intraductal papillary adenocarcinoma Noninfiltrating intraductal papillary carcinoma Intraductal papillary adenocarcinoma, NOS Intraductal papillary carcinoma, NOS Ductal carcinoma in situ, papillary DCIS, papillary
	8504/2	Noninfiltrating intracystic carcinoma
	8507/2	Intraductal micropapillary carcinoma Ductal carcinoma in situ, micropapillary Intraductal carcinoma, clinging
	8522/2	Intraductal carcinoma and lobular carcinoma in situ

APPENDIX D: TNM TUMOR STAGING

STAGE 0	Ti.s.	N0	M0
STAGE I	T1	N0	M0
STAGE II A	T0, T1	N1	M0
	T2	N0	M0
STAGE II B	T2	N1	M0
	T3	N0	M0
STAGE III A	T0, T1, T2	N2	M0
	T3	N1, N2	M0
STAGE III B	Any T	N3	M0
	T4	Any N	M0
STAGE IV	Any T	Any N	M1

BREAST CANCER - PRIMARY TUMOR (T)

TX	Primary tumor cannot be assessed
T0	No evidence of primary tumor
Ti.s.	Carcinoma *in situ*: intraductal carcinoma, lobular carcinoma in situ, or Paget's disease with no tumor
T1	Tumor 2 cm or less in greatest dimension
	T1a 0.5 cm or less in greatest dimension
	T1b More than 0.5 cm but not more than 1 cm in greatest dimension
	T1c More than 1 cm but not more than 2 cm in greatest dimension
T2	Tumor more than 2 cm but not more than 5 cm in greatest dimension
T3	Tumor more than 5 cm in greatest dimension
T4	Tumor of any size with direct extension to chest wall or to skin
	T4a Extension to chest wall
	T4b Edema (including peau d'orange) or ulceration of the skin, of the breast or satellite skin nodules confined to the same breast
	T4c Both T4a and T4b
	T4d Inflammatory carcinoma

BREAST CANCER - REGIONAL LYMPH NODES (N)

NX	Regional lymph nodes cannot be assessed (e.g., previously removed)
N0	No regional lymph node metastases
N1	Metastasis to movable ipsilateral axillary lymph node(s)
N2	Metastases to ipsilateral axillary nodes fixed to one another or to other structures
N3	Metastases to ipsilateral internal mammary lymph node(s)

BREAST CANCER - DISTANT METASASIS (M)

MX	Presence of distant metastasis cannot be assessed
M0	No evidence of distant metastasis
M1	Distant metastases (including metastases to ipsilateral supraclavicular lymph nodes)

APPENDIX E: COVERED SCREENING AND DIAGNOSTIC SERVICES & CPT CODES

BCCEDP Approved Medicare Procedure Codes
(Based on the Year 2003 Medicare Rate Schedule)
Effective 3/01/03 to 7/29/04

BREAST	**CPT CODE**	**FEE**
Screening		
Screening Mammogram, bilateral (two view film study of each breast)	76092 76092 TC 76092 26	72.76 40.30 32.46
Diagnostics		
Diagnostic/Follow-Up---Unilateral Mammogram	76090 76090 TC 76090 26	66.74 34.61 32.13
Diagnostic/Follow-Up---Bilateral Mammogram	76091 76091 TC 76091 26	83.09 43.22 39.87
Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision, and interpretation	76095 76095 TC 76095 26	309.91 236.71 73.20
Mammographic guidance for needle placement, breast (e.g., for wire localization or for injection), each lesion, radiological supervision and interpretation	76096 76096 TC 76096 26	68.96 43.22 25.75
Radiological examination, surgical specimen	76098 76098 TC 76098 26	21.54 13.97 7.57
Ultrasound, breast (s) (unilateral or bilateral), B-scan and/or real time with image documentation	76645 76645 TC 76645 26	59.35 34.61 24.74
Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation	76942 76942 TC 76942 26	128.06 97.10 30.96
Puncture aspiration of cyst of breast (surgical procedure only)	19000	68.74
Puncture aspiration of cyst of breast, each additional cyst	19001	41.42
Breast biopsy; percutaneous, needle core, not using imaging guidance (surgical procedure only)	19100	91.36
Breast biopsy; open, incisional	19101	274.59

Biopsy of breast; percutaneous, needle core using imaging guidance	19102	228.02
Breast biopsy; percutaneous, automated vacuum assisted or rotating biopsy device using imaging guidance	19103	528.14
Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion, open…, one or more lesions	19120	358.58
Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion	19125	380.68
Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker	19126	138.02
Preoperative placement of needle localization wire, breast	19290	138.04
Preoperative placement of needle localization wire, breast; each additional lesion	19291	76.80
Fine needle aspiration without imaging guidance	10021 10021 TC 10021 26	121.34
Fine needle aspiration with imaging guidance	10022 10022 TC 10022 26	130.40
Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	88172 88172 TC 88172 26	43.50 13.97 29.53
Cytopathology, evaluation of fine needle aspirate; interpretation and report	88173 88173 TC 88173 26	107.90 39.61 68.30
Breast biopsy-surgical pathology, gross and microscopic examination, not requiring microscopic evaluation of surgical margins	88305 88305 TC 88305 26	83.83 46.92 36.91
Breast, excision of lesion-surgical pathology, gross and microscopic examination requiring microscopic evaluation of surgical margins	88307 88307 TC 88307 26	144.28 66.08 78.20
CERVICAL		
Screening		
Pap smear, reported in Bethesda System, manual screening under physician supervision	88164	14.76
Pap smear, reported in Bethesda System requiring interpretation by physician	88141	46.59

Papillomavirus, human, amplified probe technique	87621	45.95
Diagnostic		
Colposcopy without biopsy (surgical procedure only)	57452	107.95
Colposcopy with biopsy and endocervical curettage (surgical procedure only)	**57454**	**148.08**
Colposcopy with biopsy (s) of the cervix	**57455**	**132.93**
Colposcopy with endocervical curettage	**57456**	**125.57**
Cervical biopsy, interpretation-surgical pathology, gross and microscopic examination	88305 88305 TC 88305 26	83.83 46.92 36.91
OFFICE VISITS		
New Patient-Office Visit (10 minutes face to face)	99201	31.24
New Patient-Office Visit (20 minutes face to face)	99202	55.80
New Patient-Office Visit (30 minutes face to face)	99203	82.69
New Patient-Office Visit (45 minutes face to face)	99204	118.15
New Patient-Office Visit (60 minutes face to face)	99205	151.04
Established Patient-Office Visit (5 minutes face to face)	99211	18.29
Established Patient-Office Visit (10 minutes face to face)	99212	32.54
Established Patient-Office Visit (15 minutes face to face)	99213	45.71
Established Patient-Office Visit (25 minutes face to face)	99214	71.55
Established Patient-Office Visit (40 minutes face to face)	99215	104.94
Consultation Visit-15 minutes face to face with patient	99241	42.27
Consultation Visit-30 minutes face to face with patient	99242	78.56
Consultation Visit-40 minutes face to face with patient	99243	104.08

Modifier Codes T and 26: Certain procedures are a combination of a physician component and a technical component. When the physician component is reported separately, the service may be identified by adding the modifier "26" to the usual procedure number. When the technical component is reported separately, the service may be identified by adding the modifier "T" to the usual procedure number.

All codes new to the list are **bolded.**

LISTED BELOW ARE EXAMPLES OF PROCEDURES THAT ARE NOT REIMBURSABLE THROUGH THE BCCEDP

PROCEDURE	**CPT CODE**	**FEE**
Loop electrode biopsy(s) of the cervix	57460	263.73
Loop electrode excision	57522	239.01
Conization of the Cervix	57520	278.61
Endometrial Biopsy	58100	100.34
Pelvic Ultrasound	76856	82.17
Any treatment of breast cancer, cervical intraepithelial neoplasia and cervical cancer	Varies	Varies

APPENDIX F: APPROVAL OF DATA FORMS FOR PAYMENT

Memo

To: Case Manager, Admin. Provider Site

BCCEDP Case Manager

From: Gail J. Clavet, PhD, Data Mananger

Date: 06/30/2003

Re: Approval of Data Forms for Payment

- ☑ Your data and invoice was received on **xx/xx/xxxx**. Please note on the attached copy of the invoice dated **xx/xx/xxxx**, the number of women who were approved for payment. Of the **xxx** women for whom you are invoicing, **xx** were approved for payment at $320.00 per patient for a total of **$xx,xxx**. Partial payment will be made on this invoice for the packets accepted. The original data forms received for the remaining women are being returned to you for correction. The missing data elements have been highlighted. (See Additional Comments on page 2 of this memorandum.) *Please return the corrected forms when you submit next month's invoice. Please do not re-submit the same invoice for payment for the remaining packets returned to you. A new invoice is required.*
- ❑ We received your invoice, dated _____, on the following date _____. However, we have not received any data for clients cited on your invoice. We are returning the invoice. Please re-submit the invoice **and the data** in next month's billing.
- ❑ We received your data on _____, but no invoice. We will hold on to your data until an invoice is received, at which time, we will review your data packets and send back any with incorrect or missing information. We have provided a list of client names, SSN, and dates of service for data packets that we received (see Additional Comments on page 2 of this memorandum).
- ❑ Other:

If you have any questions, please feel free to contact me at (804) 786-7564.

Additional Comments (from Data Manager):

- Detailed comments about individual patient data forms are mentioned here.

Other recommendations:

- Comments and recommendations on how to improve your data reporting go here.

APPENDIX G: PRACTICE CASE SCENARIOS

Read each of the three scenarios that follow. Blank Data Forms are provided for you to fill out—make multiple copies, if needed. The answers (correctly filled in data forms) are provided at the end.

Scenario #1: Enrollment & Screening – Normal Test Results

Mrs. Lila Brown calls the ACS hotline and is referred to a Provider Site in Wise County, Virginia to possibly enroll in the BCCED Program. She calls the Provider Site (Clinic X) in Wise County on July 16, 2003 and is asked several questions by the Case Manager (Nurse Betty). This is the information that Mrs. Brown provides:

- She lives in Big Stone Gap, Virginia. Her address is 1312 Mountain Road, and her zip code is 24219. Her telephone number is 276-555-4343. The best time to reach her is from 9 am to 3 pm.
- Her birth date is April 3, 1941. Her social security number is 444-56-7777
- She reports being White, not Hispanic. She speaks English every day
- Her monthly income is $400. Both her and her husband live off this income.
- She has no insurance nor is she on Medicaid or Medicare.
- The last Pap she had was three years ago in May of 2001. She never had a mammogram.

Does this patient qualify for the Program? If so, complete the Eligibility Form.

The Case Manager schedules Mrs. Brown for a CBE and Pap test at Clinic X on August 1, 2003. The patient reports no breast symptoms. The finding from the CBE and pelvic exam is normal. The physician performs a ThinPrep on Mrs. Brown. The Pap test returns from the lab (LabCorps) on August 22nd, with a finding of Negative. The specimen came from the cervix and it was satisfactory for evaluation. The physician recommends that Mrs. Brown return the following year for an annual Pap test.

Fill in the appropriate data forms.

Mrs. Brown is also scheduled for a screening mammogram at Radiology Group Y on August 14. The Case Manager gets the result from the radiology group on August 22nd ; the finding is BIRADS 2 (benign). The radiologist recommends that Mrs. Brown come back in a year for her next annual mammogram.

Fill in the appropriate data forms.

When should you submit the data forms to VDH?

Scenario #2: Cervical Follow-up

The Case Manager, Nurse Betty, from Clinic X, calls Mrs. Brown on July 24, 2004, to schedule her rescreening. She continues to live at the same address, she is now a year older, but her income has increased to $500 monthly. She comes into the clinic for a Pap test on 8/03/2004. The pelvic exam and CBE examinations were normal. The patient fails to keep her mammogram appointment and refuses to have one when called by the Case Manager. The Pap test comes back with a finding of ASCUS. The physician elects to repeat the Pap test in four months.

Fill out the data forms.

Mrs. Brown returns to the clinic on December 15, 2004 for a repeat Pap test that comes back with a finding of LSIL. The physician elects to perform a colposcopy with biopsy. The Case Manager calls the colpo clinic on 01/10/2005 and makes an appointment for the procedure for 01/20/2005. The physician also performs a ECC at the same time. The biopsy result comes back with moderate dysplasia. The physician elects to perform a LEEP that is scheduled for 02/01/2005.

Fill out the appropriate data forms.

When should you submit the data forms to VDH? When should you submit an invoice for the screenings?

Scenario #3: Breast Follow-up

Mrs. Nicole Smith is a new patient to the BCCEDP. She was enrolled on 03/03/2003 at the XYZ Health Department. She had her initial CBE on the same date that was "negative". The patient reports no breast symptoms. Her Pap test was also performed that day and came back with a "negative" result. Her pelvic examination was also "normal". Nicole had a screening mammogram on 03/11/2003. The result came back with a finding of BIRADS 0, Assessment Incomplete. The patient returned to the radiology department on 03/19/2003 because the radiologist elected to perform a "spot compression" of the right breast that came back with a finding of "Highly Suspicious for Cancer". An ultrasound was immediately performed on that same day. The ultrasound report came back with a finding of "solid". The patient was scheduled to see a surgeon on 03/26/2003. His finding is also abnormal. A stereotactic needle biopsy, which was performed on 04/03/2003, revealed "infiltrating ductal carcinoma" of the right breast. A lumpectomy followed by radiation therapy is planned. The size of the tumor is 1.25 cm at its greatest diameter. The tumor is T1NoMo. The patient completes an application for Medicaid and submits it on 04/09/2003.

Fill out the data forms to reflect the above information. You do not have to complete an Eligibility Form.

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ELIGIBILITY FORM

Last Name_____ First Name_____ Middle Initial _____

Social Security No._____-_____-_____ Birth Date _____/_____/_____ Age _____

Address_____

City_____County_____State_____Zip_____

Home Phone ( ) _____ Work Phone ( )_____ Best Time to Call _____

1. Are you Spanish, Hispanic, or Latina? ☐ Yes ☐ No ☐ Don't know

2. Do you describe yourself as: (check all that apply)
☐ White ☐ Black/African American ☐ Asian (or Indian) ☐ Native Hawaiian or Pacific Islander
☐ American Indian/Alaskan Native ☐ Don't know

3. What language do you speak every day? _____

4. What is your household income before taxes? $_____ ☐ Monthly ☐ Yearly

5. How many people live on this income? (include yourself) _____

6. Do you have: Medicare? ☐ Yes ☐ No Medicaid? ☐ Yes ☐ No Private Insurance? ☐ Yes ☐ No

➔If you have insurance, did you pay all of your insurance deductible for this year? ☐ Yes ☐ No

7. Have you ever had a Pap test? ☐Yes ☐ No

➔If YES, when was your last Pap test? (month/year) _____

or ☐ More than 5 years ago ☐ Don't know

8. Have you ever had a mammogram? ☐Yes ☐ No

➔If YES, when was your last mammogram? (month/year) _____

or ☐ More than 5 years ago ☐ Don't know

Office Use Only

Administrative Site: _____ Enrollment Date: ____ / _____ / _____

Enrollment Site: _____ Case Manager: _____

Client Status: Active – check one: ☐ New Patient ☐ Rescreen **Client ID** _____

☐ **Inactive due to:** (list reason) _____ **Eff. Date** _____

The Every Woman's Life Program, also known as the Breast & Cervical Cancer Early Detection Program, is a Virginia Department of Health Program.

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Breast and Cervical Cancer Early Detection Program
Virginia Department of Health

SCREENING ENCOUNTER FORM

ADMIN Site	Cycle Start Date	❑ New Patient ❑ FU ❑ Rescreen	Client ID

Last Name	First Name	MI	SSN (or alien ID):

CLINICAL BREAST EXAM (CBE)

1. Does the patient have breast symptoms? ❑Yes ❑ No
2. Did the patient have a CBE? ❑Yes ❑ No
3. CBE Date _____ / _____ / _____ (mm/dd/yyyy)
4. What were the CBE results?
   - ❑ Normal or Benign
   - ❑ Abnormal, suspicious for cancer – **diagnostic evaluation needed**
   - ❑ Not needed, previously performed, normal CBE
   - ❑ Needed, not performed (includes refused CBE)
5. Was the CBE paid by BCCEDP? ❑1 Yes ❑ 2 No

MAMMOGRAM

6. Did the patient have a mammogram?
   ❑ Screening **(76092)** ❑ Diagnostic **(76091)** ❑ No
7. Date of mammogram. ____ / ____ / ____ (mm/dd/yyyy)
8. What were the mammogram results?
   - ❑ Negative
   - ❑ Benign finding
   - ❑ Probably benign
   - ❑ Suspicious abnormality
   - ❑ Highly suggestive of malignancy
   - ❑ Assessment incomplete
   - ❑ Unsatisfactory, film cannot be interpreted—**repeat Mammogram**
   - ❑ Result pending
   - ❑ Result unknown, presumed abnormal, from other funded source
   - ❑ Not needed or previously performed with services not paid by BCCEDP
   - ❑ Needed but not performed (includes refused)
9. Was the mammogram paid by BCCEDP? ❑Yes ❑ No
10. Where was the mammogram performed?

    Radiology Facility: _____
11. Was the patient referred for breast diagnostic workup?
    ❑Yes ❑ No

CERVICAL SCREENING

12. Did the patient have a Pap test (**88141**)? ❑Yes ❑ No
13. Date of Pap test _____ / _____ / _____ (mm/dd/yyyy)
14. If so, what were the Pap test results?
    - ❑ Negative (for intraepithelial lesion or malignancy)
    - ❑ ASC-US
    - ❑ ASC-H
    - ❑ LGSIL
    - ❑ HGSIL
    - ❑ Squamous cell carcinoma
    - ❑ Abnormal Glandular Cells
    - ❑ Other result: _____
    - ❑ Result pending
    - ❑ Result unknown, presumed abnormal, from non-program funded source
    - ❑ Not needed or done previously elsewhere with services not paid by BCCEDP
    - ❑ Needed but not performed (includes refused)
15. Cervix present? ❑ Yes (Cervical) ❑ No (Vaginal)
16. Specimen Type: ❑ Conventional ❑ Liquid-based ❑ Other
17. Specimen adequacy?
    ❑ Satisfactory ❑ Unsatisfactory: **repeat Pap**
18. Was the Pap test paid by BCCEDP? ❑Yes ❑ No
19. Where was the Pap test performed?

    Facility/Clinic: _____
20. HPV Test Result? ❑ Positive ❑ Negative ❑ Not Done

    HPV Test Date: ____/____ /_____ (mm/dd/yyyy)
21. Was the patient referred for cervical diagnostic workup?

    ❑Yes ❑ No

Form Completed By (Signature) _____ **Date** _____

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BREAST DIAGNOSTIC ENCOUNTER FORM

Last Name	**First Name**	**MI**	**SSN (or alien ID):**	**Cycle Start Date**

DIAGNOSTIC PROCEDURES

1a. Additional Mammographic views ❑ Yes ❑ No ❑ Refused 1b. Diagnostic Mammogram ❑ Unilateral **76090** ❑ Bilateral **76091**	6. Ultrasound **76645** ❑ Yes ❑ No ❑ Refused	7. Repeat Breast Exam/Surgical Consult (**99244**) ❑ Yes ❑ No ❑ Refused	**8.** Fine Needle / Cyst Aspiration Result (**88170**) ❑ Yes* ❑ No ❑ Refused * Report add'l. procedure(s) done w/ breast FNA in #6	9. Breast Biopsy Interpretation/-Result (**88305**) ❑ Yes* ❑ No ❑ Refused * Report add'l. procedure(s) done w/ breast biopsy in #6	6. Add'l. Diagnostic Procedure(s): (check all that apply) ❑ Stereotactic guided breast biopsy, needle placement (**76095**) ❑ Mammography guided needle placement (**76096**) ❑ Ultrasonic guidance for cyst aspiration (**76938**) ❑ Ultrasonic guidance for needle biopsy (**76942**) ❑ Punctate cyst aspiration (**19000**) ❑ Cyst aspiration, additional (**19001**) ❑ FNA without imaging (**10021**) ❑ FNA with imaging (**10022**) ❑ Needle core biopsy, without guidance (**19100**) ❑ Incisional biopsy (**19101**) ❑ Excision of cyst (**19120**) ❑ Excision of lesion identified by pre-op placement of radiological marker (**19125**) ❑ Excision of lesion identified by pre-op placement of radiological marker, additional (**19126**) ❑ Pre-op placement of needle localization wire (**19290**) ❑ Other:_____
Date of Procedure ____ / ____ / _____	Date of Procedure ____ / ____ / _____	Date of Procedure ____ / ____ / _____	Date of Procedure ____ / ____ / _____	Date of Procedure ____ / ____ / _____	
Results: ❑ Negative ❑ Benign findings ❑ Probably benign ❑ Suspicious abnormality ❑ Highly suggestive of malignancy ❑ Assessment incomplete	Results: ❑ Negative/-Benign ❑ Cystic ❑ Solid ❑ Indeterminate	Results: ❑ Normal ❑ Abnormal ❑ Other benign findings	Results: ❑ Normal ❑ Abnormal ❑ Indeterminate	Results: ❑ Benign ❑ Malignant ❑ Indeterminate	
Funding Source: ❑ CDC ❑ Other	Funding Source: ❑ CDC ❑ Other	Funding Source: ❑ CDC ❑ Other	Funding Source: ❑ CDC ❑ Other	Funding Source: ❑ CDC ❑ Other	

DIAGNOSTIC EVALUATION STATUS

8. What is the status of the final diagnosis?
❑ Work-up complete **(complete Q. 8 & 9)**
❑ Work-up pending
❑ Patient lost to follow-up – Date: _____
❑ Work-up refused – Date: _____

10. Date of Final Diagnosis _____ / _____ / _____

11. Final Diagnosis:
❑ Ductal Carcinoma In Situ (DCIS)
❑ Lobular Carcinoma In Situ (LCIS)
❑ Cancer, invasive **(report stage and tumor size)** ⇨
❑ Breast cancer not diagnosed

Stage?
❑ TNM Stage I
❑ TNM Stage II
❑ TNM Stage III
❑ TNM Stage IV
❑ Summary Local
❑ Summary Regional
❑ Summary Distant
❑ Unknown Stage

Invasive tumor size?
❑ 0 to ≤ 1 cm
❑ >1 to ≤ 2 cm
❑ >2 to ≤ 5 cm
❑ > 5 cm
❑ Unknown

BREAST CANCER TREATMENT STATUS

o What is the treatment status for breast cancer?
❑ Treatment started: _____ / _____ / _____
❑ Treatment pending
❑ Patient lost to follow-up – Date: _____
❑ Treatment refused – Date: _____
❑ Treatment not needed

12. What type of treatment was recommended? **(check all that apply)**
❑ Mastectomy
❑ Lumpectomy
❑ Chemotherapy
❑ Radiation
❑ Hormonal
❑ Other: _____

13. Was patient enrolled in Medicaid for treatment?
❑ Yes ❑ No

Form Completed By (Signature) _____ **Date** _____

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CERVICAL DIAGNOSTIC ENCOUNTER FORM

Last Name	**First Name**	**MI**	**SSN (or alien ID):**	**Cycle Start Date**

DIAGNOSTIC PROCEDURES

2. Colposcopy, only **57452** ❑ Yes * ❑ No ❑ Refused * if done w/ ECC, report CPT code **57456**	**8.** Colposcopy w/ Biopsy **57455** ❑ Yes* ❑ No ❑ Refused * if done w/ ECC, report CPT code **57454**	9. Other – ECC **57505** ❑ Yes ❑ No ❑ Refused	10. Other (e.g., LEEP, pelvic ultrasound, endometrial biopsy) _____ CPT Code _____
Date of Procedure ____ / ____ / _____	Date of Procedure ____ / ____ / _____	Date of Procedure ____ / ____ / _____	Date of Procedure ____ / ____ / _____
Results: ❑ Normal ❑ Abnormal ❑ Indeterminate	Results: ❑ Normal/Benign ❑ Malignant ❑ Indeterminate	Results: ❑ Normal/Benign ❑ Malignant ❑ Indeterminate	Results: ❑ Normal/Benign ❑ Malignant ❑ Indeterminate
Funding Source: ❑ CDC ❑ Other	Funding Source: ❑ CDC ❑ Other	Funding Source: ❑ CDC ❑ Other	Funding Source: ❑ CDC ❑ Other

DIAGNOSTIC EVALUATION STATUS

11. What is the status of the final diagnosis?
❑ Work-up complete **(complete Q. 6 & 7)**
❑ Work-up pending
❑ Patient lost to follow-up – Date: _____
❑ Work-up refused – Date: _____

12. Date of final diagnosis. _____ / _____ / _____

13. Final diagnosis.
❑ Normal/Benign Reaction/Inflammation/Infection
❑ HPV/Condylomata/Atypia/ASCUS
❑ CIN I/Mild Dysplasia (biopsy diagnosis)
❑ CIN II/Moderate Dysplasia (biopsy diagnosis)
❑ CIN III/Severe Dysplasia/Carcinoma in situ (Stage 0) (biopsy diagnosis)
❑ Invasive Cervical Carcinoma *(indicate staging information below)*
❑ Other: _____
❑ Low grade SIL
❑ High grade SIL

o Cancer Stage:
❑ 1: Stage I ❑ 4: Stage IV ❑ 7:Summary Distant
❑ 2:Stage II ❑ 5:Summary Local ❑ 8:Stage unknown
❑ 3:Stage III ❑ 6:Summary Regional

CERVICAL CANCER TREATMENT STATUS

11. What is the treatment status?
❑ Treatment started: _____ / _____ / _____
❑ Treatment pending
❑ Patient lost to follow-up – Date: _____
❑ Treatment refused – Date: _____
❑ Treatment not needed

12. What type of treatment was recommended? *(check all that apply)*
❑ Cryosurgery
❑ Radiation
❑ Chemotherapy
❑ Hysterectomy
❑ LEEP
❑ ECC
❑ Other _____

12. Was patient enrolled in Medicaid for treatment?
❑ Yes ❑ No

Form Completed By (Signature) _____ Date _____

.

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Virginia Department of Health
ADDITIONAL COMMENT FORM (Optional)

Last Name	First Name	MI	SSN (or Alien ID)	Cycle Start Date

Additional Comments--Please date and sign note(s):

Waiver Statement:
I certify that I have been advised as to the need for follow-up medical evaluation or treatment and the consequences of not getting this evaluation or treatment. I have decided to exercise my right to refuse any type of follow-up medical evaluation or treatment.

_____ Date: ____/____/_____
Signature

_____ Date: ____/____/_____
Witness Signature

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Answer Key to Scenario #1

Answer Key to Scenario #2

Answer Key to Scenario #3